

BALLROOM LATE VACATE AGREEMENT FORM

LATE VACATE FEE includes the room rental plus staffing costs.

Group Classification	Room Rental	Staffing Costs
Student Organization	\$275/hour	All staffing is charged at 1.5 times the current hourly staffing rate at the time of the late vacate. If the crew is in double time at the reserved end time for example, late vacate fees will equal 1.5 times the double time rate for each staff person.

***In the event the client is not paying room rental, the late vacate room rental fees will still apply.**

*** All staffing fees will be determined by the Trojan Event Services within two business days after your event date. A final invoice will be sent to the client at that time. Payment will be due 1 week from the date of the invoice.**

***In the event the late vacate is due to a late vendor pick up, the client will be charged for one Stage Manager at 1.5x current rate and room rental until the vendor pick up is complete.**

***All late vacate agreements are contingent upon the Trojan Event Service staff's ability to work beyond their call times. If staff cannot stay, the event must end as scheduled.**

***If rentals are not picked up by the time the staff must leave, a \$1,000.00 storage fee will be charged to the client in addition to staffing fees incurred to accommodate a late pick up.**

To be completed by the client at least 2 weeks before the event date (Must be the day-of contact person):

DATE OF EVENT: _____

NAME OF STUDENT ORGANIZATION (CLIENT): _____

EVENT NAME: _____

DAY-OF EVENT CONTACT NAME: _____

DAY-OF CONTACT CELL: _____ **EMAIL:** _____

SCHEDULED RESERVATION END TIME:

I, as undersigned below, agree to pay all late vacate rental and staffing fees per the costs listed above for the times specified by the Trojan Event Services Staff person. I understand that the late vacate invoice will be sent to me by a production manager and that final payment will be due within one week of my receipt of that invoice.

CONTACT SIGNATURE: _____ **DATE:** _____

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***To be acknowledged and signed by the Trojan Event Services representative if the client exceeds their scheduled reservation end time on the day-of the event. ***

ACTUAL RESERVATION END TIME:

# of staff required to stay to the end of the actual reservation end time	Tech staff:	House staff:	Client's Initials acknowledging staffing numbers:
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TROJAN EVENT SERVICES REPRESENTATIVE - PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____ **TITLE:** _____

Please complete and return back to:
 USC Trojan Event Services – Ballroom Production Managers
 Phone: 213-740-6728 Fax: 213.740-9603 Email: tccblrm@usc.edu