

# Legacy Center

## Rental Information Sheet

Renter Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Function Type: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Set-up Time: \_\_\_\_\_ Lock-up Time: \_\_\_\_\_

\*Event times are generally 3 hours plus 1 hour set-up and 1 hour clean-up time.

Number of Guests: \_\_\_\_\_ Linens Needed: Yes or No

Table/Chair Set-up: \_\_\_\_\_

\*6 per table; 8 per table; long tables; "U" set-up; etc. Please indicate number of bistro tables as well.

Table Décor Requested: \_\_\_\_\_

Caterer: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Caterer Arrival Time: \_\_\_\_\_ Clean-up Instructions: \_\_\_\_\_

Hostess Needed: Yes or No Special Requests \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the use of my photograph or likeness in any publication, videotape, pamphlet or promotion by Groff Family Services or other Groff Family Brands which are promoting or furthering the mission of The Legacy Center.

How Did You Hear About Us?: \_\_\_\_\_

Facility Rental Fee: \$\_\_\_\_\_ Additional Hour Fee: \$\_\_\_\_\_ Deposit Amount: \$\_\_\_\_\_

Check Number(s): \_\_\_\_\_ Date Paid: \_\_\_\_\_ Deposit Returned: \_\_\_\_\_

Signature of Renter

Signature of Legacy Center Representative



The Legacy Center 1522 E Perkins Ave. Sandusky, Ohio 44870. For more information, please contact Lori Roth at (419)366-6516 or The Remembrance Center at (419) 626-2228 or email [LegacyCenterRent@gmail.com](mailto:LegacyCenterRent@gmail.com)  
www.LegacyCenterRent.com

If an event is cancelled within 30 days of event date, deposit will be retained.

Please make checks payable to **Groff, INC.**