



THE UNIVERSITY OF VIRGINIA'S
COLLEGE AT WISE

DAVID J. PRIOR

Convocation Center

GENERAL EVENTS AGREEMENT

Information and Conditions

1 College Avenue Wise, Virginia 24293

For more information, contact Chris Davis at:

Box Office: 276-376-3431 Office: 276-376-4505

Cell: 276-275-4686 E-mail: cdd3s@uvawise.edu



1 College Ave., Wise, VA 24293

www.uvawise.edu/

Chris Davis | 276-376-4505 phone | 276-328-0269 fax | cdd3s@uvawise.edu

GROUP RESPONSIBILITIES

The sponsoring party/group leader(s) assumes full responsibility for the actions of the group members using College facilities and is/are financially responsible for any and all damages to facilities during the group's stay. Groups are expected to abide by all federal, state and local laws and ordinances which may now or hereafter be enacted during the contract period.

PAYMENT OF FINAL BALANCE

All events will receive an invoice for the full balance from the original contract plus any additional charges (i.e. damages, extra set-up, etc) incurred during the event. Payment in full is due NET 30 (i.e. due within 30 days) upon receipt of the invoice.

CATERING

Chartwell's Dining Services has been contracted by UVa-Wise to provide catering to all groups that utilize facilities on our campus. They can meet the catering needs of your event whether it is small and informal, large and formal events, or somewhere in between. They can work with you to provide a variety of menu and service suggestions. All groups must use Chartwell's Dining Services for their catering needs unless a representative from Chartwell's Dining Services releases the group from this binding agreement. In the event that you would like your event to be exempted from using Chartwell's catering, it is your responsibility to contact Chartwell's to initiate the exemption process, which includes completion of the Catering Exemption Request (form is attached).

TOBACCO/SMOKING

The University of Virginia's College at Wise is dedicated to providing a healthy, comfortable, and productive learning environment for faculty, staff and students. Smoking and/or the use of other tobacco forms pose a significant health risk to individual members of the campus community. All members of the campus community are responsible for abiding by the smoking policy outlined below.

The College prohibits smoking in all campus buildings, residence halls, seating areas/stands of outdoor athletic facilities, and pool vehicles. Smoking will also be prohibited within 25 feet of entrances to campus buildings and the seating areas/stands of outdoor athletic facilities.

GENERAL EVENTS CONTRACT

GENERAL INFORMATION

GROUP NAME _____ NUMBER IN GROUP _____

EVENT TYPE _____ EVENT DATE _____

PROJECT ACCOUNT INFORMATION FOR BILLING

GROUP CONTACT - Any changes/requests must be by either of these individuals; changes/requests by others will not be honored.

Leader 1 _____ Email _____

Contact numbers _____ W; _____ Cell; _____ H; _____ FAX

Leader 2 _____ Email _____

Contact numbers _____ W; _____ Cell; _____ H; _____ FAX

CENTER FACILITIES: The following fees are per day/per set-up.

☐ Full House \$1,250 ☐ Half House \$500 ☐ Practice Court/Dining Room \$500
☐ Concourse \$500 ☐ Front Patio \$250

The following fees are per half day/per set-up.

☐ Full House \$625 ☐ Half House \$250 ☐ Practice Court/Dining Room \$250
☐ Concourse \$250 ☐ Front Patio \$125
☐ _____

CHAIRS white folding chairs - : _____ quantity x \$ 1.00 each = \$ _____

TABLES 60" round - : _____ quantity x \$ 7.00 each = \$ _____

8' rectangle - : _____ quantity x \$ 7.00 each = \$ _____

(Chairs & Tables are included in initial set-up, charges incurred on added items)

STAGE small (8'x16') \$50.00

medium (12'x24') \$100.00

large (16'x32') \$150.00

☐ = \$ _____

☐ = \$ _____

☐ = \$ _____

☐ = \$ _____

SOUND SYSTEM _____

Total estimated costs = \$ _____

Remaining Balance (due NET 30 from receipt of invoice) = \$ _____

Group Leader Signature

I understand and agree to abide by the terms contained in this contract. I understand that my group will be billed based on the numbers provided unless I provide changes one (1) week prior to our arrival.

Signature _____ Date ____ / ____ / ____

FEE SUMMARY / DEPOSIT CALCULATION FORM GENERAL EVENTS CONTRACT

FOR OFFICE USE ONLY

contract & deposit received _____ confirmed _____ final invoice mailed _____ payment received _____

~ GENERAL EVENT SET-UP DIAGRAMS ~

Please provide the staff of the Convocation Center with the specific set-up details of your event in the place below and return it with your completed event contract.

If you need assistance, please contact Chris Davis at 276-376-4505 or cdd3s@uvawise.edu.

**** Please use a separate diagram for each location/set-up.****

Group Name _____ Event Date _____

Group Leader _____ Leader numbers _____ H; _____ Cell

Set-up diagram below is for _____ at _____.(date/time)

Total number of chairs _____ Total number/type of tables (i.e. 12/round; 3/rectangle) _____

Total number of diagrams being submitted with your contract _____.

Please use: ✕ chairs; ● or ■ tables;

CHARTWELL'S DINING SERVICES CATERING EXEMPTION REQUEST

Chartwell's Dining Services has been contracted by The University of Virginia's College at Wise to provide catering to all groups that utilize facilities on our campus. All groups must use Chartwell's Dining Services for their catering needs unless a representative from Chartwell's Dining Services releases the group from this binding agreement.

In the event that you would like your event to be exempted from using Chartwell's catering, it is your responsibility to contact Chartwell's to initiate the exemption process, which includes completion of this Catering Exemption Request. If your event is exempted from Chartwell's catering, a copy of your signed Catering Exemption Request must be provided to the Convocation Center staff. Chartwell's Dining Services may be reached at 276-328-5514 or chartwells@uvawise.edu to discuss your catering needs.

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Group Name _____ Date of Event _____
Contact Person _____ Telephone _____
Explanation _____

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The contact person listed above has met with me to discuss their catering needs. I have released their group/event from utilizing catering services with Chartwell's Dining Services.

Chartwell's Comments

Chartwell's Representative Signature _____ Date _____

*** This completed form must be returned with your UVa-Wise Convocation Center General Events Contract. ***

All other event questions may be directed to Chris Davis at 276-376-4505 or cdd3s@uvawise.edu