



GASTON SCHOOL OF THE ARTS

Bringing the Arts to Life

Lease Contract

Gaston School of the Arts
825 Union Rd
Gastonia, NC 28054
(704) 866-8882
Fax: (704) 866 – 8001

_____ would like to lease the following space(s) from Gaston School of the Arts for the following dates and times: (See back of this form).

_____ agrees to pay _____ per day for the use of the space(s) listed.

By signing the bottom of this page, you agree to:

- Not damage Gaston School of the Arts property;
- Only use the space(s) provided during the times agreed upon; and
- Pay for using the space prior to reservation date(s).

NAME

COMPANY

ADDRESS

EMAIL

PHONE NUMBER(S)

SIGNATURE OF LEASE HOLDER

SIGNATURE OF AUTHORIZED STAFF





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Spaces Requested

SPACE NAME _____ DATE _____ TIME _____
RECURRING? **Y / N** IF Y, EVERY _____ UNTIL _____

SPACE NAME _____ DATE _____ TIME _____
RECURRING? **Y / N** IF Y, EVERY _____ UNTIL _____

SPACE NAME _____ DATE _____ TIME _____
RECURRING? **Y / N** IF Y, EVERY _____ UNTIL _____

SPACE NAME _____ DATE _____ TIME _____
RECURRING? **Y / N** IF Y, EVERY _____ UNTIL _____

SPACE NAME _____ DATE _____ TIME _____
RECURRING? **Y / N** IF Y, EVERY _____ UNTIL _____

Notes by Staff:

Staff Initials: _____

Signed Date: _____