



215 E. 5<sup>th</sup> Ave, Corsicana, TX 75110  
 Phone 903-872-6779 E-Mail carolyn@corsicanaopry.com

**EVENT CONTRACT**

This contract is made between the Corsicana Opry & Event Center, LLC and

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DL#: \_\_\_\_\_

Room(s) Leased:	
Date:	Rental Fee:
Number of Guests:	Extended Hours:
Contact Person:	Cleaning Fee:
Contact Phone:	Additional Fees:
The undersigned had read and agrees to the rental fees, policies and procedures.	Subtotal:
	Tax:
X	Damage Deposit:
Signature of person responsible for event	Total:
Email:	Deposit (1/2):
X	Balance:
Signature Opry Event Coordinator	Payment: _____ Date: _____
Notes:	Method of Payment:
	Balance
	Payment: _____ Date: _____
	Method of Payment:
	Balance