

**Williamson County Historical Museum**  
**Rental Contract for the**  
**Williamson County Courthouse District Courtroom**

I/We have read and agree to the conditions set forth herein. I/We understand that the Williamson County Historical Museum, Inc. and Williamson County are *not* responsible for any liability, including (a) loss/theft of personal property, (b) accidental/personal injury to guests, or (c) damage to Williamson County Courthouse facilities occurring during, or resulting from, any event named in this contract. I/We understand that rentals of the Williamson County Courthouse District Courtroom are only available Wednesday through Saturday between 9:00 am and 10:00 pm.

I/We understand that event dates cannot be reserved more than 12 months in advance from the date the contract is signed. I/We further understand that the \$300 required deposit fee serves as a security deposit and holds the date for the event; it will be returned after the event if no damage occurs and the room is returned to the condition in which it was in when entered. The deposit fee is *not applied* toward the hourly rental fee, which is an additional cost due one month prior to the event. However, if the event goes beyond the agreed ending time, \$175 will be deducted from the deposit for *every additional half hour* past the agreed time. By signing below and on Policy and Procedures form, renter also agrees to the terms in the Williamson County Courthouse Rental and Special Event Policy and Procedures document.

*Please print the name of the contact person and company or organization if applicable; if the event is a wedding, provide names for both the bride and groom. At least one signature is required to complete the contract.*

\_\_\_\_\_  
Print Contact Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Signature

\_\_\_\_\_  
Signature

( ) \_\_\_\_\_  
Contact Phone Number                      Extension

\_\_\_\_\_  
Company or Organization, if applicable

\_\_\_\_\_  
Address  
(Any refunds will be mailed to the above address.)

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip Code

EVENT Date: \_\_\_\_\_ Time: From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

*(This must include set-up and clean-up times.)*

**TOTAL ANTICIPATED COST (NOT including \$300 deposit)**

Event Time \_\_\_\_\_ Hrs. @ \$150.00/Hr. + \_\_\_\_\_ hours @ \$25.00 for changing room & bathroom = \$ \_\_\_\_\_

# \_\_\_\_\_ Sheriff Deputy \_\_\_\_\_ Hrs. @ \$40.00/Hr. = \$ \_\_\_\_\_

# \_\_\_\_\_ Sheriff Deputy Car \_\_\_\_\_ Hrs. @ \$12.00/Hr. = \$ \_\_\_\_\_      **TOTAL DUE: \$ \_\_\_\_\_**

\_\_\_\_\_  
Museum Representative

\_\_\_\_\_  
Date

10/2007

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