

For Additional Information:
Call (302) 841-7119



Dress#:
Dress Description:
\$25 Fee Paid:
\$15 Refunded:

Cinderella's Closet Rental Agreement

(A Project of Soroptimist International of Seaford)

Name:		School:	
Address:		Prom Date(s):	Dress Return Date:
City:	State & Zip Code:	Prom(s) Attending:	
Phone:	ID:	Date of Birth: (18 if Today 1993 or earlier)	Age:
If Minor, Parent/Guardian Name:			ID:
Address, City, State, Zip:			Phone:
How did you hear about Cinderella's Closet?			
<input type="checkbox"/> High School Poster or Flyer <input type="checkbox"/> High School Announcement <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Text Message <input type="checkbox"/> Sign/Marquee at _____ <input type="checkbox"/> Other _____			

By signing below, I agree to the following terms and conditions of this Rental Agreement:

- I will pay \$25 to rent the above-described dress. I acknowledge that \$15 of this fee is a security deposit which will be returned to me when I return the dress according to the terms and conditions of this Agreement.
- I will not perform any permanent modifications to the dress including altering, cutting, embellishing, or dying.
- I will return the dress in the same condition in which it was received, with the exception of ordinary wear.
- I agree to pay for any damage to the dress.
- I will return the dress by the Dress Return Date noted above at the office of Procino Wells, LLC, Attorneys at Law, 225 High Street, Seaford, DE 19973 between the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday.
- If I do not return the dress by the Dress Return Date noted above, the following will apply:
 - I will forfeit my security deposit and pay \$5 per day for each day the dress is late.
 - The dress will be considered stolen.
 - I will pay all costs, including court costs and attorneys fees incurred in connection with the enforcement of this Agreement.

Signature:	Date:
Parent/Guardian Signature (If Minor Renting): I agree to be the above terms and conditions of this agreement.	Date:
SIS Member/Witness Signature:	Date:



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PHOTO RELEASE

I hereby give Soroptimist International of Seaford and their members, representatives and assigns the right and permission to publish, without charge, any photographs/images of (individual's name) _____ taken for or by Soroptimist International of Seaford or at off-site Soroptimist functions. I release all claims with respect to copyright ownership and publications including any claim for compensation related to use of the materials. Photos/images may be used in print, electronic or video format, including but not limited to newsletters, brochures, flyers, press releases, advertising, any informational guides, the organization's website and Facebook page and other promotional materials.

Signature (of parent if under 18) _____

Date _____

Phone _____