

Room Rental Contact

A United Way Agency

Please Print All Information

Organization Name _____

Contact Person _____ Phone # _____

Address _____

FAX # _____ Cell # _____ Email _____

Date/Day/Hours Requested _____

Circle One of the Following:

One Time Rental Weekly Bi-Weekly Monthly Quarterly On-Going

Rental Rates Based on 2 Hour Rental (plus 30 minutes for set up and 30 minutes for clean up)

- | | | | |
|-----------------------------------|--|-----------------------------------|------------------------------|
| \$ 50.00 <input type="checkbox"/> | Multi-purpose Room A (45 Max Capacity) | \$ 75.00 <input type="checkbox"/> | Park & Pavilion |
| \$ 50.00 <input type="checkbox"/> | Multi-purpose Room B (45 Max Capacity) | \$ 50.00 <input type="checkbox"/> | Youth Room (25 Max Capacity) |
| \$ 50.00 <input type="checkbox"/> | Multi-purpose Room C (40 Max Capacity) | \$ 50.00 <input type="checkbox"/> | Board Room (30 Max Capacity) |
| \$75.00 <input type="checkbox"/> | Aerobic Studio (120 Max Capacity) | \$100.00 <input type="checkbox"/> | 1/2 Gym (120 Max Capacity) |
| (Full Day Rental 8 Hours Maximum) | | Total for Room Rentals \$ _____ | |

TYPE OF SET-UP NEEDED

- Meeting _____ Number of People (Chairs Only) _____ Head Table? # of chairs _____
- Banquet _____ Number of People (Tables and Chairs) _____ Head Table? # of chairs _____

For Special Room Arrangements Please Use Back of Contract to Illustrate

EQUIPMENT RENTAL—\$15.00 PER ITEM(EACH)

- TV/VCR Flip Chart
- Podium

OTHER FEES

- Set-Up/Breakdown \$30.00 each After hours of operation \$20.00 hourly in addition to rental fees
- Deposit \$100 Hours X \$20.00 _____
- Total Other Fees \$ _____

I have received a copy of the YWCA Room Rental Policy and in compliance with signing the above document have agreed to abide by all rules and regulations.

Signature _____

Date _____ Deposit Check _____

Date Rented _____

YWCA Staff Person _____

Total Paid _____ Receipt # _____

Deposit	\$ _____
Total Room Rental	\$ _____
Total Set-Up Fee	\$ _____
Total After Hrs. Fee	\$ _____
Total Equipment Fee	\$ _____
TOTAL AMOUNT DUE	\$ _____