



EVENT SPACE RENTAL CONTRACT

RENTER INFORMATION

Event Name: _____ Event Person (Responsible): _____

Address: _____
Street Address Apt/Unit # City State Zip Code

Date of Birth: ____/____/____ Phone: (____)-____-____

Emergency Contact: _____ Emergency Phone #: (____)-____-____

EVENT INFORMATION

Date of Event: ____/____/____ Additional Date: ____/____/____ Time : _____ to _____

Event space: Community Room - \$200/hr* (2096 sq. ft.) Demonstration Kitchen - \$100/hr* (665 sq. ft.)

**All event space rentals require a \$100 deposit that goes toward the cost of the rental space and an additional \$75 cleaning fee.*

Capacity is 150, No event can have more than that many guests.

Activity Type: _____ Date: ____/____/____ Number of people expected: _____

Food being served? Yes No Decorations? Yes No

Any special requests: _____

I understand that I will give at least 48 hours written notice prior to cancellation to receive a refund:

Signature: _____ Date: _____

_____ Initial - Acknowledgement of Community Rooms and Demonstration Kitchen Rules

_____ Initial - Insurance

FEES – TO BE FILLED OUT BY WELLNESS CENTER STAFF

Deposit \$100 Cleaning Fee \$75

Community Room Hourly Rate \$200 Kitchen Hourly Rate \$100

Balance Due: \$ _____

Paid

Staff Signature: _____ Date: _____