



Room Rental Form | Community Room & Kitchen

You will receive a notification from The Family Center confirming the dates and times you have requested. Full payment of the room rental is due at the time of scheduling. We accept cash, check (payable to The Family Center of Gap), or credit card (Visa and MasterCard). Cancellation is required 5 days prior to the date of your event to be eligible for a full refund. Your signature on this form indicates your agreement with the uses, policies, procedures, and guidelines outlined in the attached policy.

Applicant Information

Applicant's Name: _____

Name of Organization: _____

Mailing Address: _____

Contact Phone Number: _____ E-Mail Address: _____

Event Details

Date(s): _____ Start Time: _____ End Time: _____

Total # of Attendees: _____

(Max 60 at tables / 60 standing or conference style)

Event Description: _____

- Will you have outside catering at your event? Yes No
- If yes, will you need to reserve the Warming Kitchen for your caterer? Yes No
- Would you like a catering referral? Yes No
- Will you (or a caterer) be preparing a meal in the community room kitchen? Yes No

Availability: Monday – Saturday, 8:00 AM – 9:00 PM

Fees** (Please select from the pricing options below. Non-profits must provide proof of 501C3 Status.)

- \$50.00 per hour (2 hour minimum) Non-Profit \$25.00 per hour
- \$200.00 per day (more than four hours) Non-Profit \$100.00 per day

Total Room Rental Fees <i>(Total hours/days X hourly/daily fee)</i>	\$
Total Additional Fees <i>(totals from back side of this form)</i>	\$
TOTAL DUE	\$

**If your event lasts beyond 9:00 PM, a fee of \$100.00 per hour (or any part of an hour) will apply.



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Room Set-Up

(Select options that apply and indicate quantity needed, as applicable. Items are available on a first come, first serve basis.)

Item	Amount Needed	Cost
<input type="checkbox"/> Casual table seating for 30	<u>Included</u>	<u>Included</u>
<input type="checkbox"/> Flat Screen display & DVD player	<u>Included</u>	<u>Included</u>
<input type="checkbox"/> Stereo with iPod station	<u>Included</u>	<u>Included</u>
<input type="checkbox"/> Full Kitchen	<u>Included</u>	<u>Included</u>
<input type="checkbox"/> Private Restrooms	<u>Included</u>	<u>Included</u>
<input type="checkbox"/> Attached Family Room	<u>Included</u>	<u>Included</u>
<input type="checkbox"/> Whiteboard/tack board	<u>Included</u>	<u>Included</u>
 Available at additional costs: <i>(The following items are available on a first come, first serve basis for an additional cost. Select options that apply, indicate quantity needed, and specify total cost.)</i>		
<input type="checkbox"/> Display easel	No Charge	<u>No Charge</u>
<input type="checkbox"/> TV/DVD Cart	No Charge	<u>No Charge</u>
<input type="checkbox"/> 30" round pub table (1 available)	No Charge	<u>No Charge</u>
<input type="checkbox"/> 8' x 18" registration table (1 available)	No Charge	<u>No Charge</u>
<input type="checkbox"/> Coffee/Water, serves 8	\$8.95	<u>\$</u>
<input type="checkbox"/> Coffee/Water, serves 60	\$46.00	<u>\$</u>
<input type="checkbox"/> Table seating set up for over 30	\$50.00	<u>\$</u>
TOTAL COST OF ADDITIONS: <i>(carry over to front of form for total)</i>		<u>\$</u>

I have read the policies governing the use of meeting rooms at The Family Center of Gap and agree to all uses, policies, procedures, and guidelines. By signing below, I agree to these terms.

Signature of Applicant / Printed Name

Date

Staff Use Only:

- Payment received – Cash CC Check # _____ Scheduled and routed via Outlook invite
 Café notified of beverage/menu service