



Room Rental Form | Multi-Purpose Room

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 300 at tables / 450 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 be utilizing the audio/visual components of the room? Yes No

Availability: Monday – Saturday, 8:00 AM – 10:00 PM

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

- \$125.00 per hour (up to 4 hours) Non-Profit \$62.50 per hour
- \$500.00 per day (more than four hours) Non-Profit \$250.00 per day
- \$50.00 A/V Booth per any time increment (Technician fees charged separately)

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 10:00 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. Items are available on a first come, first serve basis.)

Item	Amount Needed	Cost
<input type="checkbox"/> Standard chair	_____	<i>Included</i>
<input type="checkbox"/> 6 ft. round table (seats 10)	_____	<i>Included</i>
<input type="checkbox"/> 8 ft. rectangular table (seats 8)	_____	<i>Included</i>
<input type="checkbox"/> 30 in. square pub table (10 available)	_____	<i>Included</i>
<input type="checkbox"/> Registration table (8' x 18")	_____	<i>Included</i>
<input type="checkbox"/> Podium	_____	<i>Included</i>
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"/> Stage extension (4' x 8' – 4 available)	\$50.00 each _____	\$ _____
<input type="checkbox"/> Portable stage stairs (1 available)	\$25.00 each _____	\$ _____
<input type="checkbox"/> Volleyball Net	\$35.00 _____	\$ _____
<input type="checkbox"/> Coffee/Water, serves 8	\$8.95 _____	\$ _____
<input type="checkbox"/> Coffee/Water, serves 60	\$46.00 _____	\$ _____
<input type="checkbox"/> A/V Booth Technician	<i>See pricing sheet</i> _____	\$ _____
<input type="checkbox"/> Table & Chair Set Up/Tear down	\$50.00 _____	\$ _____
TOTAL COST OF ADDITIONS:		
<i>(carry over to front of form for total)</i>		\$ _____

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:

- | | |
|--|---|
| <input type="checkbox"/> Payment received – <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____ | <input type="checkbox"/> Payable entered to The JoAnn Group for room rental |
| <input type="checkbox"/> Café notified for beverage service | <input type="checkbox"/> Payable entered to Angela's for beverage services |
| <input type="checkbox"/> Scheduled and routed via Outlook invite | <input type="checkbox"/> Info sent to Cody Hall for A/V services |