

**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:** \_\_\_\_\_