

**SNO-VALLEY SENIOR CENTER
RENTAL AGREEMENT**

PO Box 96 ~ 4610 Stephens Ave, Carnation, WA 98014
425-333-4152 * www.snovalleyseior.org

| | | |
|---|----------------------------|------------|
| APPLICANT OR ORGANIZATION: | | 501 (c)(3) |
| Address: | Email: | |
| City: | State: | Zip: |
| Facility Monitor: (Determined by SVSC) | Phone: (H) | (W) |
| Event Date: | Day of Week: | |
| Time: from _____ to _____ (You must include time to do your own setup & cleanup.) | | |
| Type of activity/event: | Number of people expected: | |

| ROOMS RESERVED (Rooms used will be limited to those specified on the application) | | | | FOR OFFICE USE ONLY |
|--|----------------|---|------------------|----------------------------|
| ROOM | RATE | HOURS | TOTAL FEE | PAYMENTS MADE |
| Upstairs Great Room | \$55 / hour | | | |
| Upstairs Meeting Room (Program Room 201 or 202) | \$40 / hour | | | |
| Main Hall | \$80 / hour | | | |
| Sound / AV Equipment (Must set up a time to learn how to use equipment prior to rental date.) | \$25 | Flat Fee | | |
| Refundable Damage Deposit Without alcohol With alcohol* *\$200 due at booking, remaining \$200 due 15 days prior to event | \$200 \$400 | Returned within 30 days after the event (less deductions if applicable) | | |
| | | TOTAL FEE: | | |

***Liquor Permit is the responsibility of Renter; must have HARD COPY or NO LIQUOR allowed**

The undersigned hereby makes application to the SNO-VALLEY SENIOR CENTER, and certifies that the information given in this application is correct. The undersigned further states that he/she has the authority to make this application for the Applicant or Organization and agrees that the applicant has received, reviewed, understands and will observe the Building Use Policies and Procedures. Applicant agrees to exercise the utmost care in the use of the Senior Center and to waive, release, absolve, indemnify, defend, and hold harmless the SNO-VALLEY SENIOR CENTER and its employees from all liability resulting from the use of said facility. Applicant further agrees to reimburse the SNO-VALLEY SENIOR CENTER for any damage from the applicant's use of the facility.

| | | |
|---------------------|-----------------------|------|
| Approved by | Phone 425-333-4152 | Date |
| Applicant Signature | | Date |

**This application is not approved until signed and damage deposit has been received
Make checks payable to the Sno-Valley Senior Center**