

**NORTHSHORE SENIOR CENTER
RENTAL AGREEMENT FOR THE HEALTH & WELLNESS CENTER**

10212 E Riverside Drive, Bothell, WA 98011

425-487-2441 – 425-485-4954

www.northshoreseniorcenter.org

APPLICANT OR ORGANIZATION

Address

City

State

Zip

1st Responsible Person

Phone: (H)

(W)

2nd Responsible Person

Phone: (H)

(W)

Event Date

Day of Week

Time: from _____ to _____ *(You must include time to do your own set up & cleanup.)*

Type of activity

Attendance

ROOMS RESERVED

(Rooms used will be limited to those specified on the application)

ROOM	RATE	HOURS	TOTAL FEE
Large Activity Room/Kitchen	\$ 100/Hour		
Small Activity Room/Kitchen	\$ 65/Hour		
Large Activity Room/Small Activity Room/Kitchen	\$120/Hour		
Sun Room	\$ 30/Hour		
Conference Room	\$ 30/Hour		
Refundable Damage Deposit Deposit without alcohol Deposit when alcohol is served <i>*\$250 due at booking, remaining \$250 due 45 days prior to event</i>	\$250 \$500	Returned within 4 weeks after event	

The undersigned hereby makes application to the NORTHSHORE 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 NORTHSHORE SENIOR CENTER and its employees from all liability resulting from the use of said facility. Applicant further agrees to reimburse the NORTHSHORE SENIOR CENTER for any damage from the applicant's use of the facility.

Approved by

Phone

Date

APPLICANT SIGNATURE

DATE

Resident Caretaker:

Initials:

Date:

Room Schedule:

Initials:

Date: