

# NORTHSHORE SENIOR CENTER

## RENTAL CONTRACT

10201 E Riverside Drive, Bothell, WA 98011-3708

425-487-2441 - 425-485-4954 (FAX)

[www.northshoreseniorcenter.org](http://www.northshoreseniorcenter.org)

<b>APPLICANT OR ORGANIZATION NAME:</b>	Phone: (H)	(W)
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Address

City	State	Zip
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Set Up / Supervision:	Phone: (H)	(W)
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Cleanup:	Phone: (H)	(W)
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Event Date	Day of Week
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Time: from \_\_\_\_\_ to \_\_\_\_\_ *(You must include time to do your own set up & cleanup.)*

Type of activity	Attendance
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**ROOMS RESERVED**  
**(Rooms used will be limited to those specified on the application)**

ROOM	RATE	HOURS	TOTAL FEE
Multipurpose Room/Kitchen	\$135/hour		
Dining Room/Kitchen	\$80/hour		
Multipurpose Room/Dining Room/Kitchen	\$155/hour		
Meeting Rooms	\$40/hour		
Refundable Damage Deposit		Returned within 4 weeks	
Deposit without alcohol	\$250	after the event	
Deposit when alcohol is served*	\$500*		
<i>*\$250 due at booking, remaining \$250 due 45 days prior to event</i>			

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
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<hr style="width: 80%; margin: 0 auto;"/> <b>APPLICANT SIGNATURE</b>	<hr style="width: 80%; margin: 0 auto;"/> <b>DATE</b>
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This application is not approved until signed, and the applicant pays the damage deposit.  
Make checks payable to the Northshore Senior Center.

Resident Caretaker:	Initials:	Date:	Room Schedule:	Initials:	Date:
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