

**NORTHSHORE SENIOR CENTER  
 BOTHELL SENIOR CENTER RENTAL AGREEMENT  
 10201 E Riverside Drive, Bothell, WA 98011-3708  
 425-487-2441 - 425-485-4954 (FAX)  
 www.northshoreseniorcenter.org**

<b>NAME (Applicant and/or Organization):</b>	<b>Phone: (H or W)</b>	<b>(C)</b>
<b>Address</b>	<b>Email:</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Event Date</b>	<b>Day of Week</b>	

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

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

ROOM	RATE	HOURS	COST	Office use only
**Multipurpose Room/Kitchen	\$150/hour			
Dining Room/Kitchen	\$ 90/hour			
**Multipurpose Rm/Dining Room/Kitchen	\$170/hour			
Meeting Rooms (Room # _____)	\$ 50/hour			
Sound/Audio Visual Equipment Use: <input type="checkbox"/> Sound <input type="checkbox"/> Microphone <input type="checkbox"/> Projector	\$ 40 event fee	<b>Please circle: Yes or No</b>		
Mopping fee for the floors in the <b>**Multipurpose Room and Kitchen</b>	\$300 event fee	<b>**MANDATORY w/ Multipurpose Rm rental</b>		
Refundable Damage Deposit: -Deposit without alcohol -Deposit when alcohol is served  <u><b>\$300 due at booking, final payment including remainder of deposit due 45 days prior to event</b></u>	Please circle: \$300 \$700	<i>Deposit will be returned within 4 weeks after the event assuming there are no issues</i>		
<b>TOTAL COST</b>				

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.

<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
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<b>Approved by</b>	<b>Phone</b>	<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**