



RENTAL CONTRACT

Health & Wellness Building

10212 East Riverside Drive, Bothell, WA 98011-3708

425.487.2441 – (Fax) 425.485.4954

www.northshoreseniorcenter.org

NAME:		Member #: (*Must be an active member)		
Address:		Phone:		
City, State, Zip:		Email:		
Event Date:		Event Start and End Time:		Day of Week:
Type of Activity/Event:		Anticipated Maximum Attendance:		
ROOMS RESERVED (use limited to those specified on contract only)	RATE	HOURS	TOTAL FEE	Office use only
Large Activity Room/Kitchen	\$120/hour			
Small Activity Room/Kitchen	\$75/hour			
Large and Small Activity Room/Kitchen	\$170/hour			
Conference Room	\$50/hour			
Sound/Audio Visual Equipment Use: <input type="checkbox"/> Sound <input type="checkbox"/> Microphone <input type="checkbox"/> Projector	\$40 event fee	Please circle: YES or NO		
Refundable Damage Deposit: -Deposit without alcohol -Deposit with alcohol – Beer and Wine only – NO HARD ALCOHOL	Please Circle: \$300 \$700	<i>Deposit will be returned within 4 weeks after event assuming there are no issues</i>		
\$300 due at booking; Final payment including remainder of deposit due 45 days prior to event		TOTAL DUE		

AGREEMENTS

The undersigned hereby makes application to the NORTSHORE SENIOR CENTER, and certifies that the information given in the application materials 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 rules, regulations, policies and procedures. The applicant assumes responsibility for the conduct of his or her guests and/or contractors associated with or attending the event. The applicant agrees to exercise the utmost care in the use of the facilities and to waive, release, absolve, indemnify, defend, and hold harmless the NORTSHORE SENIOR CENTER and its employees from all liability resulting from the use of said facilities. Applicant further agrees to reimburse the NORTSHORE SENIOR CENTER for any damage from the applicant's use of the facilities. The applicant signing this agreement will be considered the responsible party in case of damage, theft, or disturbances during the rental period.

I have read, understood, and agree to comply with all procedures in the Northshore Senior Center's Building Use Policies and the supplemental form documents for the facility I am requesting to use. I further certify that I am 21 years of age or older.

SIGNATURE (REQUIRED): _____ **DATE** _____

THIS APPLICATION IS NOT APPROVED UNTIL SIGNED BY STAFF, AND APPLICANT HAS PAID DEPOSIT

Approved by	Phone	Date
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***Membership can be obtained online at www.northshoreseniorcenter.org or by stopping by the Front Reception Desk at Bothell, Kenmore or Mill Creek Senior Centers.**