



Healdsburg Community Center
 1557 Healdsburg Avenue
 Healdsburg, CA 95448
 707.431.3303 Main
 707.431.3172 Fax

FACILITY RENTAL AGREEMENT

Renter's contact information			
Name:	Organization:		
Address:	City:	State:	Zip:
Primary phone:	Secondary phone:		
Email:			

Event information		
Event Description:		
Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of alcohol: <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Champagne	Amplified sound: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type:
Est. attendance:	Open flame: <input type="checkbox"/> Yes <input type="checkbox"/> No	501(c)(3) <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If requesting subsidy, a Subsidy Request Form must be attached)</small>
Equipment requested:		
<input type="checkbox"/> 8' Tables # _____	<input type="checkbox"/> Data projector	<input type="checkbox"/> Sound System _____
<input type="checkbox"/> Chairs # _____	<input type="checkbox"/> Projection screen	<input type="checkbox"/> Easels _____
<input type="checkbox"/> Other (please describe): _____		
<p>Community Services staff will make every attempt to accommodate equipment requests. Please attach a Room Set-up Diagram and our staff will set-up your room prior to your arrival.</p>		

Room rental information					
<i>Room name / number</i>	<i>Date requested</i>	<i>Start time (include time for set-up)</i>	<i>End time (include time for clean-up)</i>	<i>Total hours</i>	<i>Total Cost</i>

Renter agreement:

The undersigned applicant, who is to oversee the event, is twenty-one years of age or over. The applicant agrees that they will be responsible for the use and care of city property. Applicant agrees to indemnify and save harmless the City of Healdsburg, its officers, agents and employees and against any and all loss, damage and/or liability that may be suffered or incurred by the City of Healdsburg, its officers, agents and employees, and against any and all claims, demands and causes of action that may be brought against the City of Healdsburg, its officers, agents and employees, caused by, arising out of or in anyway connected with the use by the undersigned of the City of Healdsburg facility or the exercise of the privilege herein granted, except that arising out of the sole negligence of the City. I hereby declare that I have read and understand and agree to abide by and to enforce the rules, regulations, and policies affecting the use of the facilities.

	STAFF FEE	
	DEPOSIT	
	TOTAL	

If more space is needed, please use side 2.

Renter's signature

Date

Administrator's signature

Date

Additional room rental information (if needed)

<i>Room name / number</i>	<i>Date requested</i>	<i>Start time (include time for set-up)</i>	<i>End time (include time for clean-up)</i>	<i>Total hours</i>	<i>Total Cost</i>
				TOTAL FROM SIDE 1	
				STAFF FEE	
				DEPOSIT	
				TOTAL	

Office use only

- Deposit paid Amount:_____ Rec.# _____ Date _____ Processed By _____
- Room rental paid Amount:_____ Rec.# _____ Date _____ Processed By _____
- Insurance provided Room Set-up Diagram provided Proof of 501(c)(3) w/ Subsidy Request Form
- Entered into ActiveNet Confirmation sent to applicant Deposit returned Date _____

Notes to Facility Attendant: