



Facility Rental Agreement

Renter: Fill Out Top Half and Fax to 509-487-1600

Contact Name: _____

Phone: _____

Email Address: _____

Fax: _____

Date Requested: _____

Time In (including time for setup): _____

Time Out (including time for tear down): _____

Check each item or service that you will need below:

____ Bar Tender

____ Food Service

____ Table Setup/Re-arrange

____ P.A. System

____ Projection Television/DVD/Video Player

____ Other (Specify Below)

Terms: Full payment is due within 10 days of date this agreement is signed. A damage deposit (see amount below) in the form of a separate check is also required at the time of reservation. If any person or organization cancels less than 30 days prior to the reservation date, they will receive one half of their rental fee back. If a cancellation is made more than 30 days in advance, renters will be refunded their entire fee with the exception of a \$25.00 cancellation charge.

By signing this agreement, I acknowledge that I have received and read all of the rules pertaining to The Venue. I understand that all rules must be followed at all times during the rental period.

SIGNATURE: _____

DATE: _____

OFFICE USE BELOW

Rental Fee: _____

Date Received: _____

Additional Setup Charges: _____

Date Received: _____

Damage Deposit: _____

Date Received: _____