

REVISED August 19, 2011

Graham Evangelical Covenant Church (GECC)

Ph: 253-847-2223

Contract for Facility Use

Client	Company/Organization	e-mail
Address	City	State Zip
Phone (Work)	Phone (Home)	Phone (Cell)

Event/Class	Start Time	Ending Time
Total Contract Amount ¹	Deposit Amount (50%) ²	Deposit Due Date

Type of Event/Class

RENTAL FEE: \$50 per 4 hr block of time (4-hr min) x _____ hrs =
ADDITIONAL FEES: _____ Use of kitchen _____ Janitorial services
Weddings & Receptions have additional fees and must be coordinated with the Facility Rental Team Leader.
(See Liabilities and Cancellation section below regarding conditions for return of deposit.)

Event Site Requirements (GECC Education Building)		
Number of tables required:	Number of chairs required:	Sound system required? <i>* Requires a separate agreement with GECC</i>
Special Electrical requirements:	Kitchen equipment needed?	Equipment required (e.g., tv/VCR, overhead projector)?
Post event janitorial service requested (additional cost \$35) YES NO Please circle your choice	Food Service Permit ? (see guidelines)	

Liabilities and Cancellation

1. The client must provide liability insurance, providing certificate of insurance naming GECC as "Additional Insured."
2. The client assumes liability for any damage by guests and/or their employees attending the function.
3. GECC has the right to cancel an event if one of the following conditions exists: (i) The loss of power at the facility; (ii) adverse weather conditions that would prohibit safe transportation to and from the event. GECC will be the final authority when deciding if the above conditions exist. Any customer deposits paid are fully refundable if GECC has to cancel the event.
4. The client may cancel the event for good reason, please give GECC seven (7) days notice so we may open the facility for another client.

By signing this contract, I certify that I am a duly appointed representative of the organization listed above as client and assume full financial responsibility for payment in full of the contract amount.

Representative of Client

Date

Representative of GECC

Date

Please continue to next page to select table and seating arrangements

Option 1 chairs – no tables

Stage area
XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX
Seating area (Number of chairs needed) _____

Kitchen area

Option 2 Tables with chairs

Stage area								
<table border="1"><tr><td>Table for 8</td><td>Table for 8</td></tr><tr><td>Table for 8</td><td>Table for 8</td></tr><tr><td>Table for 8</td><td>Table for 8</td></tr><tr><td>Table for 8</td><td>Table for 8</td></tr></table>	Table for 8	Table for 8	Table for 8	Table for 8	Table for 8	Table for 8	Table for 8	Table for 8
Table for 8	Table for 8							
Table for 8	Table for 8							
Table for 8	Table for 8							
Table for 8	Table for 8							
Seating area (Number of tables and chairs needed) _____								

Kitchen area								

Option 3 Tables with chairs

Stage area							
<table border="1"><tr><td>Table for 8</td><td>Table for 8</td></tr><tr><td>Table for 8</td><td rowspan="2" style="text-align: center;"># Needed _____</td><td>Table for 8</td></tr><tr><td>Table for 8</td><td>Table for 8</td></tr></table>	Table for 8	Table for 8	Table for 8	# Needed _____	Table for 8	Table for 8	Table for 8
Table for 8	Table for 8						
Table for 8	# Needed _____	Table for 8					
Table for 8		Table for 8					
Seating area _____							
Kitchen area							

Option 4 You design

Stage area
Seating area Card tables available If desired

Kitchen area