

ROOM RENTAL AGREEMENT

Please Print All Information

Purpose of Rental _____

Tenant Name/Course _____

Contact Person _____

Address _____

Phone _____ E-Mail _____

Open to the General Public? _____ Number of Persons Expected: _____

Event Advertised? _____ Where? _____

Food To Be Brought In? _____

Special Equipment/Furniture renter will bring into room? _____

<u>Period of Agreement</u>				
1. Event Date	Room Number	Start Time	End Time	
2. Event Date	Room Number	Start Time	End Time	
3. Event Date	Room Number	Start Time	End Time	
TOTAL HOURS: _____				
<i>I have read, understand, and agree to the rental policies attached.</i>				
Tenant's Signature: _____				Date _____

<u>Payments</u>			
File #: _____	Total Hours: _____	Rental Rate: _____	Total Due: _____
Room Reservation Fee: _____			
Amount Paid _____	Date Received _____	Check #:	
Notes: _____			
Staff Signature _____			Date: _____

Print and mail this form to: Good Shepherd Center
4649 Sunnyside Avenue North
Seattle, Washington 98103
(206) 547-8127 or e-mail it to Cindy Hughes at cindyh@historicseattle.org