GOVERNOR H. REX LEE AUDITORIUM
ORGANIZATION APPLICATION FOR RENT

ORGANIZATION INFORMATION

NAME OF COMPANY/ORGANIZATION	POINT OF CONTACT		HOME/CELL PHONE	WORK PHONE
E-MAIL	**RESERVATION DATE(S)**	**# OF DAYS**	**DESCRIPTION OF EVENT**	

RENT INFORMATION MAIN AUDITORIUM

Time of Event	Event Type	Cost	Mark (X)	Special Rate	Cost	Mark (X)
Sunday-Thursday (Weekdays)	With Food/Drinks	$ 1,000.00		NON-PROFIT ELIGIBILITY	$ 800.00	
	Without Food/Drinks	$ 800.00		1. Provide 501c3 documentation Further details will be provided by CDBG staff after submission of 501c3.	$ 600.00	
Weekends (Friday-Saturday) Holidays	With Food/Drinks	$ 2,000.00			$ 1,500.00	
	Without Food/Drinks	$ 1,300.00			$ 1,100.00	

RENT INFORMATION CONFERENCE ROOM

Sunday-Thursday (Weekdays)	With Food/Drinks	$ 350.00		NON-PROFIT ELIGIBILITY	$ 300.00	
	Without Food/Drinks	$ 300.00		1. Provide 501c3 documentation Further details will be provided by CDBG staff after submission of 501c3.	$ 250.00	
Weekends (Friday-Saturday) Holidays	With Food/Drinks	$ 400.00			$ 350.00	
	Without Food/Drinks	$ 350.00			$ 300.00	

IN ADDITION TO THE FACILITY FEE, A REFUNDABLE SECURITY DEPOSIT FEE OF $500 IS APPLIED FOR ALL EVENTS

FOR DOC OFFICIAL USE ONLY:
RESERVATION NOTES:

TOTAL COST OF RESERVATION

$_____._____

RESERVATION AND SECURITY DEPOSIT AGREEMENT

By signing this agreement, I, _____ ***(print first and last name legibly)*** *acknowlege that I will be the main POC for the event named above. I/Our organization will be liable for any loss or damage not covered by the security deposit caused to the property, extra cleaning costs, and/or any necessary repairing costs, particularly furniture and all electric household appliances or any other object. Any violation of the above restrictions shall be grounds for immediate cancellation of this agreement and all sums paid shall be forfeited. The user's invoice will be prepared by DOC. I understand that the refundable security deposit must be made to secure the event and full payment is required for the venue fee before the date of the event.*

REQUIRED SIGNATURES

Applicant: _____ _____ _____

Print First and Last Name ***Sign*** ***Date***

Department o
Commerce: Jasmine Makiasi-Maiava _____ _____

Finance Officer ***Sign*** ***Date***