

**GOVERNOR H. REX LEE AUDITORIUM
INDIVIDUAL'S APPLICATION FOR RENT**

APPLICANT'S INFORMATION

APPLICANT'S NAME	OCCUPATION	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		LOW INCOME ELIGIBILITY 1. Complete Questionnaire (Further details will be provided by CDBG staff after questionnaire has been completed)	\$ 800.00	
	Without Food/Drinks	\$ 800.00			\$ 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		LOW INCOME ELIGIBILITY 1. Complete Questionnaire (Further details will be provided by CDBG staff after questionnaire has been completed)	\$ 300.00	
	Without Food/Drinks	\$ 300.00			\$ 250.00	
Weekends (Friday-Saturday) Holidays	With Food/Drinks	\$ 400.00			\$ 350.00	
	Without Food/Drinks	\$ 350.00			\$ 300.00	

REFUNDABLE SECURITY DEPOSIT FEE OF \$500 FOR ALL EVENTS

**FOR DOC OFFICIAL USE ONLY:
RESERVATION NOTES:**

TOTAL COST OF RESERVATION

\$ _____.

RESERVATION AND SECURITY DEPOSIT AGREEMENT

By signing this agreement, _____ (print first and last name legibly) acknowledge 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:	_____	_____	_____
	<i>Print First and Last Name</i>	<i>Sign</i>	<i>Date</i>
Department Commerce	Jasmine Makiasi-Maiava _____	_____	_____
	<i>Finance Officer</i>	<i>Sign</i>	<i>Date</i>