

Good Shepherd Center Room Rental Agreement

Tenant name / Course

Contact Person's Name

Purpose of Rental

Address (including city, state, and zip code)

Phone (with area code)

E-mail

Open to the general public?

No.

Yes.

Food to be brought in?

No.

Yes.

Event advertised?

No.

Yes. Where?

Number of persons expected:

Special equipment or furniture to be brought into room:

Period of Agreement

1. Date

Room number

Start time

End time

2. Date

Room number

Start time

End time

3. Date

Room number

Start time

End time

TOTAL HOURS

I have read, understand, and agree to the rental policies attached:

Name

Date submitted

For office use only:

File number: _____ Total hours: _____ Rental rate: _____ Total due: _____

Room reservation fee: _____ Amount paid: _____ Date received: _____ Check #: _____

Notes: _____

Staff signature: _____

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