



TENANT Meeting Room Agreement Form

Organization: _____ Today's Date: _____

Contact: _____

Event: _____ Number of People: _____

Telephone Number: _____ Alternate: _____

Fax Number: _____ Email: _____

Date: _____ Start Time*: _____ End Time*: _____

***Be sure to include your set up and clean up time**

Room Rented	1/2 Day	Full Day
___ Board Room (Room 110)	\$50	\$70
___ Large Classroom (Room 106)	\$40	\$60
___ Small Classroom (Room 104)	\$25	\$35
___ Chapel	\$90	\$115
___ Fellowship Hall	\$35	\$50
___ Cafeteria	\$140	\$175
___ Room 100	\$25	\$35
___ Student Lounge	\$25	\$35
___ Other _____	\$ _____	\$ _____
Meeting Room Rental Total \$ _____		

Audio/Visual Equipment Rental (All costs are per day)			
___ Overhead Projector & Screen	\$ 20	___ TV & DVD Player	\$35
___ LCD Projector & Screen	\$115	___ TV & VCR	\$25
___ Screen Only	\$ 10	___ DVD Player Only	\$15
___ Sound System (1 speaker & Mic)	\$ 25	___ Large Sound System w/CD Player	\$75
___ Phone Conference Call System	\$ 10		

Audio/Visual Equipment Rental Total (for all days) \$ _____

Set-up Charge:

Set-up needed***? _____ Yes _____ No

***set-up includes room arrangements (moving chairs & tables), and phone conference set up. \$30/staff hour or pro-rated accordingly

Total Due \$ _____

I understand and agree to follow the policies & procedures of City on a Hill. I also understand that a fee may be applied if excessive cleaning, set-up, or tear-down is required. I also understand that I am responsible for breakage, destruction, or loss of City on a Hill property. These additional charges, if any, will be billed to the renting group after inspection of the facilities.

Signature _____ **Date** _____

Please give to City on a Hill at least 5 days in advance to check the availability of space. A reply will be given within 2 business days for standard rentals. Any special requests may take up to 14 days for approval. A \$25 late fee will be assessed for requests made less than 5 days in advance.

For Office Staff Only

Approval: Date & Time Available? ___ Yes ___ No Approved By: _____ On Calendar By: _____

___ A/V Equipment Needed ___ Set-up Required # of Set-up Hours and fee: _____

Late fees assessed _____ Total Amount Charged \$ _____ Date Charge Applied: _____