

Facilities Request Form

Thank you for your interest in reserving space at Mt. Si Senior Center, 411 Main Ave. S., North Bend. Please complete all applicable information below and our facility coordinator will contact you with a cost quote, options for a tour, and the rental agreement.

General Information

(please complete all fields)

First Name		
Last Name		
Address		
City		
Home Phone	Cell Phone	
Email		
Organization (if applicable)		
	Rental Information	
Desired Space: Multipurpose Room	Dining Room Co	ommercial Kitchen
Classroon	m Senior Lour	nge
Date(s)	Times	
Day(s) of the Week		
Event Type (business meeting, private party, com	nmunity event, other)	
Expected Attendance: Adult Yout	th	
	Additional Services	
Audio/Video Equipment (\$50 fee)		
Alcohol Use (\$250 deposit, plus any additi Note: A banquet permit and event insur	•	I necessary)
Room Cleanup (varies, limited availability) Note: It is the responsibility of the rente		ondition it was prior to event.

Return the completed form to Mt. Si Senior Center, or email to **programs@mtsiseniorcenter.org.** Please review our rental policies before submitting your request. If you have questions, call Demelza Riley, 425-888-3434. An agreement and invoice will be prepared for your rental. Certificate of insurance and banquet permit (if providing alcohol) are required upon signing agreement and paying all applicable deposits.

For Office Staff Use Only:			
Non-binding estimate of rental cost:			
Rental rate X Hours	=	Rental Fees	
A/V Equipment	=		
Clean Up Package	=		
Subtotal	=		
Less Non profit Discount	= ()	
Taxes	=		
Total Rental	=		
Deposits required			
Rental Deposit (50%) of total Rental Fees	=		
Damage Deposit	=	(refundable after rental)	
Alcohol Deposit	=	(refundable after rental)	
Received By:		Date	
Rental Management Notes:			
			_
			_
			_
Facilities Attendant Assigned:		Phone:	