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 ________________________________________________ State _________ Zip ________________

Home Phone ______________________________________ Cell Phone _______________________________________

Email ______________________________________________________________________________________________

Organization (if applicable) _____________________________________________________________________________

Rental Information

Desired Space: ___ Multipurpose Room ___ Dining Room ___ Commercial Kitchen

___ Classroom ___ Senior Lounge

Date(s) ____________________________ Times ____________________________

Day(s) of the Week ____________________________

Event Type (business meeting, private party, community event, other) ____________________________

Expected Attendance: Adult_______ Youth _______

Additional Services

_____ Audio/Video Equipment ($50 fee)

_____ Alcohol Use ($250 deposit, plus any additional security or cleanup costs deemed necessary)
   Note: A banquet permit and event insurance are required with alcohol use

_____ Room Cleanup (varies, limited availability)
   Note: It is the responsibility of the renter to ensure the room is in the same condition 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)

____________________________________________________________________________________

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____________________________________________________________________________________

Received By:_________________________________________ Date_____________________________

Rental Management Notes:

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Facilities Attendant Assigned: _________________________  Phone: ______________________