



## Room Rental Agreement

| CONTACT INFORMATION |
|---------------------|
| Name: _____         |
| Phone: _____        |
| Email: _____        |
| Employer: _____     |

| EVENT INFORMATION                  |
|------------------------------------|
| Event Name: _____                  |
| Event Date: _____                  |
| Event Time Start: _____ End: _____ |
| Guest Count: _____                 |

Room (Circle):      Trinity (Whole)      Ranchview/Unity Comb.      Gateway      Overlook  
                          Trinity (Half)      Ranchview      Unity      Summit

Setup (Circle): Classroom      Lecture      U-Shape      Banquet      60" Rounds      Pods      As-Is

Additional Services (Circle):      Polycom System      Flip Chart/Easel      Trinity Kitchen Access  
    Water      Soda      Coffee: (Pot) (Pods)  
    Snacks      Additional Hours      CERA Attendant

Notes: \_\_\_\_\_

*I consent to CERA taking photographs of this event for any and all of its marketing and publications, including print or web-based.*    Accept: \_\_\_\_\_    Decline: \_\_\_\_\_    Room Setup Only: \_\_\_\_\_

|  |  |
|--|--|
| <i>For CERA use only:</i>                            |  |
| Facility Rental Cost: _____                          | Additional Services Cost: _____          |
| Total Cost: _____                                    | Down Payment (Non Refundable 20%): _____ |
| Remaining Balance (due 7 days prior to event): _____ |  |

***Cancellations must be made within 7 days of rental date in order to receive refund. No refunds will be given within 7 days of rental. I have read the policies set in place by CERA and accept these terms. I understand that any changes to this agreement must be approved by CERA in advance of the event.***

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CERA Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_