



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	\$30
___ Chapel	\$90	\$115
___ Fellowship Hall	\$35	\$50
___ Cafeteria	\$140	\$175
___ Room 100	\$25	\$35
___ Student Lounge	\$25	\$30
___ Other _____	\$ _____	\$ _____
Meeting Room Rental Total \$ _____		

Audio/Visual Equipment:			
___ Overhead Projector & Screen	\$20	___ TV & DVD Player	\$35
___ LCD Projector & Screen	\$115	___ TV & VCR	\$25
___ Screen Only	\$10	___ DVD Player Only	\$15
___ Sound System (1speaker & Mic)	\$25	___ Large Sound System w/CD Player	\$75
Audio/Visual Equipment Total \$ _____			

Set-up Charge:

Set-up needed? _____ Yes _____ No

*set-up includes room arrangements (moving chairs & tables) and will be charged at the rate of \$30/staff hour. **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 will be billed to the renting group after inspection of the facilities.

Signature _____ **Date** _____
(Please give to City on a Hill well in advance to check the availability of space. A reply will be given within 5 business days)

For Office Staff Only

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

- Audio/Visual Equipment Needed (Make copy for Jeremiah)
- Set-up Required (Give room diagram to Maintenance Supervisor) # of Hours: _____

Billing: Total amount charged \$ _____ Date Charge Applied: _____