Room Rental Contract

Banquet Room___ Kitchen___ Computer Lab___ Conference___ Board Room___

Date(s) Requested __________________________________________________________
Hours: From __________ to __________

Name of Organization: ________________________________________________________
Phone/Fax Number __________________________________________________________
Email ________________________________________________________________ City: ____________________
Contact Person/Title ________________________________________________________

Approximate number of persons: __________
Type of Activity ____________________________________________________________

I will be serving food and beverages: Yes______ No_______

I agree to accept total responsibility for any property damage to the rented room and its
contents and to see that groups have proper adult supervision. I further acknowledge that
alcohol is not permitted on the premises of the CILNCP located at 24 East Third Street,
Williamsport, PA 17701. Rental fee required within (15) days of contract approval to lock in
contract.
Initial _____________ Date_________________

There is a $250 security deposit for all rentals to ensure that the building and its contents are
left in the same condition they were found in before the rental. This will be returned after an
inspection of the property has been conducted, and returned by mail to the name on the
agreement, if the building and its property are found to be in its original condition. Loss of all or
part of the security deposit can be in lieu of replacing missing or damaged property, rug
cleaning, etc. If the building and its contents are found in their original state then the security
deposit will be returned within (2) weeks of the Monday following the room rental.
Initial _____________ Date_________________

For liability reasons it’s necessary that the ‘Renter’ add the CILNCP as a rider to their general
liability insurance for the entire day of the event the ‘Renter’ is renting the CILNCP facility. This
insurance can often be obtained by contacting your insurance agent you have your
business/home owner’s policy through and they can add the CILNCP as a rider for the day of the
event. Proof of this ridership is to be presented to CILNCP along with the room fee and security
deposit.
Initial________________ Date_________________
CILNCP ROOM USAGE CANCELLATION POLICY

Confirmation will be provided by CILNCP within three business days. CILNCP reserves the right to cancel the reservation. All cancellation and/or date changes must be in writing and signed by the same person who signed the application and must be submitted not less than seven days prior to the event. Cancellation fee refunds will be made by check and delivered by mail within 10 working days from the date the cancellation is received. **Seven days’ notice of cancellation is required for refund of fees.**

Initial ____________ Date __________________

Equipment Needed: Tables (#) _____ Chairs (#)______ TV _____ VCR/DVD _____ Laptop_____

Additional technology assistance required (Fees apply: see fee schedule)

**Room Setup:**

For the banquet room please indicate which setup would best meet your needs.

- Classroom ____
- Horseshoe ____
- Conference ____
- Rounds_______

Office Use Only:

**Amount Owed:** ________________________________

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<th>Balance: ________________________________</th>
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**Amount Paid:** ________________________________

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**Balance:** ________________________________

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**Payment Witnessed by:** ________________________________