

Center for Independent Living of North Central PA (CILNCP)

Room Rental Contract

Banquet Room___ Kitchen___ Computer Lab___ Conference___ Board Room___

Date(s) Requested _____

Hours: From _____ to _____

Name of Organization: _____

Phone/Fax Number _____ Email _____

Billing Address: _____ 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 _____

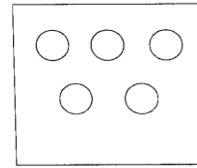
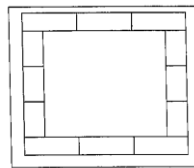
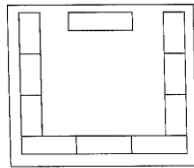
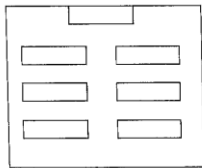
Equipment Needed: Tables (#) _____ Chairs (#) _____ TV _____ VCR/DVD _____
Laptop _____

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: _____

Balance: _____ **Date:** _____ **Ck#:** _____

Amount Paid: _____ **Date:** _____ **Ck#:** _____

Balance: _____ **Date:** _____

Payment Witnessed by: _____