

Rental Agreement – Community Room at Wellspring Family Services

Mail this form to Wellspring Family Services, attention "Community Room Rental," at 1900 Rainier Ave. S., Seattle, WA 98144, or scan and e-mail to rentals@wellspringfs.org, or fax to 206-629-7674

Organization Name	
Primary Contact Name	
Contact Phone #	Fax #
Contact E-Mail	
2nd Contact Name & Phone (for emergencies)	
Billing Address	
Requested Day(s) / Date(s)	
Event Start Time	Event End Time
Set-Up / Prep Time	Clean-Up Time
Description of Event	
Event Signage to Read	
Estimated Attendance	Will you use the WFS coffee-maker & supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you serve food? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you serve food, will you use a caterer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Room Layout (choose from the samples); Other Requester Notes	

I/we understand and will follow the rules and restrictions about facilities rentals at Wellspring Family Services. I/we also understand that my/our reservation is not confirmed until I/we have met all the requirements and have received a signed form back from Wellspring Family Services.

Requester Signature _____ Date _____

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Estimated Total Cost	\$	Calculation
Deposit	\$ 50.00	Received
Subtotal	\$	
Post-Event Charges (as applicable)	\$	Description
Amount Due	\$	Invoice Date
Amount Paid	\$	Received
Certificate of Liability?	__On file at WFS __Required (__Renter notified __Certificate received)	
WFS Staff Presence		
WFS Event Notes		

Reservation confirmed as described above:

Authorizing Signature _____ Date _____