

ROOM USE APPLICATION

Name of Person or Group Reserving Room (Responsible Party) Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/>		Date of Application	
Address		Contact Phone Numbers	
Type of Event	Room Set-Up Time: _____ to _____	Date of Event	Start Time _____ End Time _____
Location Requested:			
<input type="checkbox"/> 5660 Copley Drive, San Diego, CA 92111 <input type="checkbox"/> Conference Center (\$150/ hour) <input type="checkbox"/> Meeting Rm 144 (1st Floor) (\$75/hour) <input type="checkbox"/> Meeting Room 143 (1st Floor) (\$50/ hour)	<input type="checkbox"/> 841 South 41 st St, San Diego, CA 92113 <input type="checkbox"/> West Room with kitchen (\$100/ hour & \$500 deposit) <input type="checkbox"/> West Room without kitchen (\$100/ hour & \$350 deposit)	<input type="checkbox"/> 415 North Euclid, San Diego, CA 92114 MONDAY – FRIDAY – NORMAL HOURS <input type="checkbox"/> Full Community Rm with kitchen (\$100/ hour & 300 deposit) <input type="checkbox"/> Full Community Rm without kitchen (\$100/ hour & \$200 deposit) <input type="checkbox"/> Partial Community Rm with kitchen (\$100/ hour & \$300 deposit) <input type="checkbox"/> Partial Community Rm without kitchen (\$100/ hour & \$200 deposit) SATURDAY & SUNDAY (3 hours minimum) <input type="checkbox"/> Full Community Rm with kitchen (\$150/ hour & \$800 deposit) <input type="checkbox"/> Full Community Rm without kitchen (\$150/ hour & \$600 deposit) <input type="checkbox"/> Partial Community Rm with kitchen (\$100/ hour & \$600 deposit) <input type="checkbox"/> Partial Community Rm without kitchen (\$100/ hour & \$400 deposit) <input type="checkbox"/> Conference Room with kitchen (\$50/ hour & \$400 deposit) <input type="checkbox"/> Conference Room without kitchen (\$50/ hour & \$200 deposit)	
Approximate # of Guests: _____ Food Served ____ Yes ____ No Alcohol Served ____ Yes ____ No		Set up style: <input type="checkbox"/> Banquet <input type="checkbox"/> Classroom <input type="checkbox"/> Lecture <input type="checkbox"/> Theater <input type="checkbox"/> Other	

1. DEPOSIT AND ROOM USE FEES:

Internal Use Only: Application Received by _____ Deposit: _____ Received Date: _____ Full Payment: _____ Received Date: _____ <i>(After the 8th Event Hour, the Security Guard rate will increase to \$45.00 per hour)</i>	Notes
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2. PAYMENTS, METHOD AND TIMING:

- To schedule your reservation, a partially refundable deposit must be paid upon approval of the room reservation by NHA. All payment(s) associated with the reservation of the subject room(s) must be paid in full not later than two weeks prior to the event date. In the event such payments are not received, your reservation may be cancelled.
- Payments must be made with certified funds (either money orders or cashiers checks).
- Funds to be made payable to **The Neighborhood House Association**.

3. EARLY CANCELLATION AND PRORATION:

- Scheduled reservations may be cancelled by providing adequate notice.
- Cancellation refunds are prorated as follows: 30 day notice – 50% proration; 60 day notice – 70% proration; and 90 day notice – 80% proration.
- No-show events will be charged at the full contracted value of the event.

4. HOLD HARMLESS AGREEMENT:

The undersigned hereby agrees to hold Neighborhood House Association and its board, officers, managers, agents, and employees free and harmless from any claim, liability, loss or damage for any injuries to persons or property resulting from, or in any way connected with the use of the Meeting Rooms at any of the three facilities

I, the undersigned Responsible Party, have read the foregoing Rooms Use Application, including the attached Rooms Use Terms and Conditions which is attached hereto and incorporated herein by reference, and I agree to abide by all of the terms and conditions contained herein.

Responsible Party:	Printed Name:		
	Signature:		Date:
NHA Representative:	Print Name & Title:	Damon R. Carson, General Manager, Education/Instruction	
	Signature		Date: