ROOM USE APPLICATION

Name of Person or Group Reserving Room (Resp	Date of Application		
Address	H 0 0	Contact Phone Nun	nbers
Type of Event	Room Set-Up Time:	Date of Event	Start Time
to			End Time
Location Requested:			
Section 143 (1st Floor) (\$50/ hour) Meeting Room 143 (1st Floor) (\$50/ hour)		St, San Diego, CA 92113 Room (\$100/ hour & \$50	
	Set up style:		
Approximate # of Guests:	Banquet	Classroom	
Food Served Yes No			
	Lecture	Theater	
Alcohol Served Yes No	Locialo	Tiloutoi	
	Other		R
1. DEPOSIT AND ROOM USE FEES:			
Internal Use Only:		Notes	
Application Received by			
Deposit:	Received Date:		
Full Payment:	Received Date:		
(After the 8th Event Hour, the Security Guard ra	ate will increase to \$45.00 per hour)		

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 Carson, General Manager, Education, Instruction, and Operations		
1/5	Signature		Date: