

OWEN BROWN INTERFAITH CENTER - ROOM RENTAL CONTRACT

7246 Cradlerock Way, Columbia, MD 21045 Tel. 410-381-2000 ~ Fax: 410-381-6537 ~ Email: obicoffice@gmail.com ~ Website: www.OBIColumbia.Org

Event: _____
(Name for Calendar or Room signs)

Room(s): _____

One-Time Reservation:

Date: _____ Num of Attendees: _____

Times: **In:** _____ **Out:** _____

NOTE: Renters must allow adequate time to setup for their event and clean up afterward to return rooms to their original state. Typical time is at least one hour or more before and after.

Additional Reservation:

Date: _____ Num of Attendees: _____ Room(s): _____

Times: **In:** _____ **Out:** _____ Note: (See above)

Multiple or Re-occurring Reservation(s):

Beginning Date: _____ Ending Date: _____

Day of Week: _____ Frequency: _____

Date(s): _____ Num of Attendees: _____ Room(s): _____

Times: **In:** _____ **Out:** _____ Note: (See above)

Renting Party (please print):

Group Name: _____

Contact: _____ **Phone:** _____

Cell Ph: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

How did you hear about Owen Brown Interfaith Center?

Internet search Been here before

Word of mouth Other: _____

Setup Items Requested:

	Chairs
	Microphone
	Podium
	LCD Projector Screen
	Computer Speakers
	Easels, TV, DVD, VCR
	LCD Projector (\$20)
	Small Stage (\$100)
	Tables, Rectangular 6' x 30"
	Tables, Rectangular 4' x 24"
	Tables, Round 5' diameter
	Portable Sound System (\$20)
	Laptop Computer (\$30)
	Other Setup Needs:

Room(s) Rental Fee	
Discount (non-profit, etc.)	
Other fees (LCD Proj., etc.)	
Damage Deposit* (see next page)	\$
RENTAL FEE TOTAL	\$
Security Deposit <small>(min. 20% of fees + Damage Deposit)</small>	Due: \$
Balance Due	Due: \$

This contract is issued with the understanding that the party listed as contact person will be held responsible for adherence to regulations for the use of the Owen Brown Interfaith Center contained in "Rental Agreement and Contract" (see page 2).

Sign below and return this form with your Security Deposit of
\$ _____ by _____ to confirm your Reservation.

 Renter's Signature **Date:** _____

Signature indicates signer has read, understands, and agrees to abide by the "Rental Agreement and Contract" and all policies contained therein.

FOR OFFICE USE: Date Type: (ck, cash, cd, crd. + 4% Fee)

Reserv. Dep. Rec'd: _____ Amount: **\$** _____

Damage Dep. Rec'd: _____ Amount: **\$** _____

Balance Due Rec'd: _____ Amount: **\$** _____