

ROOM RENTAL AGREEMENT

Date: _____

Name: _____ Office/Company: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Reservation Date(s): _____

Start Time: _____ End Time: _____

Charges (See Price Sheet)

(Hourly Rate) \$ _____ x (# Hours) _____ x (# Days) _____ = \$ _____
(Minimum 2-hour rental)

Video Equipment: Y N

(Equipment Rental) \$ _____ x (# Days) _____ = \$ _____

Coffee Pot Only: Y N

Coffee w/supplies: Y N

(Coffee Charge) \$ _____ x (# Days) _____ = \$ _____

Kitchen USE (no supplies): Y N

(Kitchen Charge) \$ _____ x (# Days) _____ = \$ _____

Cancellations require 2 weeks notice to avoid charges.

Payment must be received with agreement. Room **WILL NOT** be reserved without signed agreement and payment.

SEE ATTACHED ROOM RENTAL PROCEDURES. PLEASE SIGN & RETURN WITH AGREEMENT.

If you have any questions, call Robin at (626) 446-2115.

Signature

Date

**Arcadia Association of Realtors
MEETING ROOM GUIDELINES**

1. You may change the room arrangement; however, at the end of your meeting you must place chairs and tables in the same order in which they were found prior to your modification.
2. Room is to be left clean – free of any paper products or food. **If trash containers are filled as a result of your meeting please empty them in the trash bin on the south side of the building.**
3. No supplies from the Association kitchen are to be used unless previously arranged with the office staff.
4. Food service requires a refundable cleaning fee of \$200. This fee will be returned if room is left the way it was found.
5. The Association staff or person in charge of meeting must make any adjustments to room temperature.
6. No use of the video equipment is allowed unless arranged with office staff in advance of the meeting. The equipment is sensitive and **must be operated by a staff member.**
7. Arrange with staff if overhead projector is needed. There is a charge to use this equipment.
8. Restrooms are to be left as found. Paper products are available in each rest room. If assistance is needed to replace restroom items, please notify staff.
9. ***DURING BUSINESS HOURS, RESERVED SPACES IN PARKING LOT ARE TO REMAIN CLEAR OF CARS.***

We appreciate your compliance with the above-mentioned guidelines. It is our intention to utilize the Association facility as a service to our members and non-members. In order to make this possible, we need your cooperation in maintaining the quality of the meeting room and avoiding any unnecessary work on the part of the Association staff.

PLEASE NOTE REMINDERS ABOVE DRINKING FOUNTAIN IN ROOM

Please sign and return to the Association office with copy of agreement and deposit.

In case of an emergency, telephone contacts for early morning, evening and weekends are Jane DeGraaf-Wade 445-4100, Mary Rovarino 447-4433, and Kay Broeske 446-7870.

Thank you for your cooperation.

Mary Rovarino, RCE, Executive Vice President

I have read and accept the above guidelines _____
Signature Date