

YWCA ROOM RENTAL APPLICATION

Name:	Email:	Today's Date:
Address:		Best Number to Contact You:

BILLING INFORMATION

*Non-profit organizations receive a 40% discount on rentals. Please verify with a 501 (c) 3 letter.
 *YWCA members receive a 50% discount on room rentals.
 *Upon completion of rental agreement, a \$50 non refundable deposit will be required. The individual reserving the room will be invoiced for the remainder of the balance, to be paid two weeks before event date.
 *Cancellations less than two weeks prior to event will not be refunded, unless the cancellation is made by the YWCA High Point.

YWCA Member: Y/N Member ID Number:	Invoice via Email / US Post (Circle One)
Non-profit: Y/N Tax ID Number:	

RESERVATION SPECIFICS

Date Needed: Start Time: a.m./p.m. End Time: a.m./p.m. Total Number of Hours:	Type of Event: Total Number of People Expected: Will Food be Served? Y / N
Number of Tables Needed: Number of Chairs Needed:	Special Instructions for Set Up:

Please note: You should plan set up and clean up in your requested number of hours.

ROOM RENTAL INFORMATION

ROOM	RATE	Total Hours	Total Cost
ALL PURPOSE ROOM Occupancy: 75 Seated, 100 Standing	\$150 / 2 hours Member: \$75 / 2 hours		
GATEWOOD ROOM Occupancy: 40 Seated, 60 Standing	\$120 / 2 hours Member: \$60 / 2 hours		
MEETING ROOM Occupancy: 40 Seated, 60 Standing	\$120 / 2 hours Member: \$60 / 2 hours		
AFTER HOURS STAFF CHARGE	\$15 / Hour		
	TOTAL		

I have read and agree to the room rental policies of the YWCA High Point. I also understand that I am responsible for all set up and clean up fo the facility.

Signature	Date
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OFFICE USE ONLY

Deposit Amount: \$ _____	Date Deposit Received: _____	Check Number: _____
YWCA Staff: _____	Credit Card: _____	Cash: _____
Balance Due: \$ _____		