

## YWCA ROOM RENTAL APPLICATION

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

### BILLING INFORMATION

\*YWCA Members and Non-profit organizations receive a 50% discount on rentals. Please verify with a 501 (c) 3 letter.

\*A deposit of 50% of total cost of rental is required to reserve a room. Full payment must be received one week in advance of room rental or the room will be released and rental is not guaranteed.

\*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:	

Set up and Clean Up must be included in rental time.

### ROOM RENTAL INFORMATION

	ROOM	RATE	Total Hours	Total Cost
	<b>ALL PURPOSE ROOM</b> Occupancy: 75 banquet style, 100 Auditorium style	\$100 per hour \$15/hour staff fee non business hours		
	<b>MEETING ROOM</b> Occupancy: 30 banquet style, 40 auditorium style	\$75 per hour \$15/hour staff fee non business hours		
	<b>FIESTA ROOM</b> Occupancy: 25 seated	\$30 per hour \$15/hour staff fee non business hours		
	<b>OUTDOOR PICNIC AREA</b> <b>BASKETBALL COURT</b>	\$150 an hour \$15/hour staff fee after hours Price is for three hours		

*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: \$ _____		