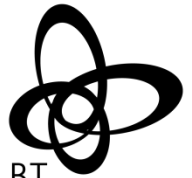


11.5.3 GLBT CULTURAL CENTER FACILITY USE AGREEMENT

GLBT Cultural Center space is available exclusively for *not-for-profit* and *non-partisan* purposes.

Submission Deadline: Requests for Monday through Friday afternoon events require a minimum of 72 hours notice. Requests for Friday evening through Sunday events must be submitted no later than noon on the prior Thursday.



GLBT
CULTURAL CENTER

USER INFORMATION

Organization / Event Organizer: _____ 501C3 Individual Other: _____

Address: _____ City: _____ ZIP: _____

Phone #: _____ - _____ - _____ Fax #: _____ - _____ - _____ Email: _____

Authorized Representative:

Name: _____

Phone #: _____ - _____ - _____

Email: _____

Alternate Contact:

Contact Name: _____

Phone #: _____ - _____ - _____

Email: _____

EVENT DETAILS

Event Title: _____

Purpose: _____ # of attendees: _____

Date(s)	Set-Up Starts	Event Starts	Clean-Up Ends	Room#
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	

Please check all that apply:

- This is a recurring event. Frequency: _____
- Furniture is requested: ___ # chairs ___ # tables (User will be responsible for set-up and restacking of chairs.)
- Admission will be charged. Admission/ticket price: \$ _____
- Alcohol will be served. (**Red-colored beverages are not permitted.**)
- Food will be served. If access to a locking refrigerator / freezer is needed, please check here:
- This is an arts or musical performance, rehearsal, or audition.
- This is a fundraising event. Beneficiary(ies): _____ Amt. expected \$: _____
- Parking lot needed for non-parking purposes. Explain: _____

AUTHORIZATION As the authorized representative or organizer under User Information above ("User"), I have read and agree to comply with the **Terms of Facility Use**. I agree that failure of User and all event participants to comply with these terms may lead to exclusion from future facility use.

X _____
User Signature

Date

BILLING / RESERVATION HOLD INFORMATION

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____

VISA Mastercard # _____

Expires ____ / ____ CVV2#: _____ (3-digit number on reverse)

X _____
Cardholder Signature

Date

Debit cards will be processed as credit card transactions.

Select One Payment Option:

- Use CC to reserve only. (Pay by other method.)*
- Process CC for single payment only.
- Process CC for each recurring event.
- Process CC once a month for recurring events.

Recurring events per transaction limit: \$ _____

*An account used to reserve space may be subject to billing for unpaid rental or deposit charges, per the Terms of Facility Use.

Office Use: Rec'd: \$ _____ Pmt Type: ___ cash ___ CC ___ check Date ____ / ____ / ____ Cal Date: ____ / ____ / ____ Init _____