## DIOCESE OF GRAND RAPIDS CATHEDRAL SQUARE CENTER 360 Division Avenue S. Grand Rapids MI 49503 (616)475-1246 (Fax) (616)551-5645 email: <a href="mailto:ccastano@dioceseofgrandrapids.org">ccastano@dioceseofgrandrapids.org</a>

## CONFERENCE AND MEETING ROOM RENTAL AGREEMENT

CONTACT PERSON			ORGANIZATION/LESSEE								
ADDRES	SS										
CITY				STATE	ZIP (	CODE					
PHONE		ALTERNATE P	HONE	FAX			_ EMAIL				
DATE O	F EVENT			TYPE OF	EVENT _						
ESTIMA <sup>®</sup>	TED GUEST N	UMBER		GUARANTEED (	GUEST N	UMBER (du	ue 7 days	prior to ev	rent)		
SET-UP	TIME	to	ACTUAL TI	ME OF EVENT_	to	oC	CLOSING	AND CLI	EAN-UP T	IME	to
ROOM	CHOICE					RO	OM RENT	TAL FEE_			
CONTR	RACTED ROO	<b>VI CAPACITY:</b> B	anquet Style	_ Theater Style	c	Classroom S	Style	Boar	d Style		
accordinadditions	ng to fire codes. Is or changes to	"Maximum room the rented space	n capacity" do e. Lessee als	refers to the maxi bes not allow for a to understands the odes. <b>Initials</b>	additional t at if any of	ables, chair these item	rs, stages, s are add	entertain	ment, A/V	equipment	, or other
•	\$			ntal fee in the form		·					
-	Enclosed are	fees for addition	al costs: Sec	curity personnel \$	·	A^	V staff \$_				
•	It is agreed th	e remaining rent	al balance of	\$	_ will be p	oaid no late	r than		(90 da	ys prior to e	event date)
-	It is understo	od that a copy of	this signed a	agreement and pa	ayment of	required fe	es will se	rve as the	reservation	on confirma	ition.
•	•	-		cknowledged by the state		e. Policies e	xpressed	in the Eve	ent Policy S	Statement a	are understood
•	Conference ( liability of any from the leas	Center, together with the control of	with their offic on, including onference Fa		esentative claims or see (s), If	s, employee losses fron any such lo	es, and vo n persona	olunteers f al injury or	rom any a property o	nd all loss, damage, ca	damage, claim, o aused by or arisin
	Authorized (	Officer/Lessee					(	Organizat	tion		
Cothodr	al Square Cor	forence and Mo	oting Poom	Director				Doto.			