



Room Rental Agreement

CONTACT INFORMATION
Name: _____
Phone: _____
Email: _____
Employer: _____

EVENT INFORMATION
Event Name: _____
Event Date: _____
Event Time Start: _____ End: _____
Guest Count: _____

Room (Circle): Trinity (Whole) Ranchview/Unity Comb. Gateway Overlook
 Trinity (Half) Ranchview Unity Summit

Setup (Circle): Classroom Lecture U-Shape Banquet 60" Rounds Pods As-Is

Additional Services (Circle): Polycom System Flip Chart/Easel Trinity Kitchen Access
 Water Soda Coffee: (Pot) (Pods)
 Snacks Additional Hours CERA Attendant

Notes: _____

I consent to CERA taking photographs of this event for any and all of its marketing and publications, including print or web-based. Accept: _____ Decline: _____ Room Setup Only: _____

For CERA use only:	
Facility Rental Cost: _____	Additional Services Cost: _____
Total Cost: _____	Down Payment (Non Refundable 20%): _____
Remaining Balance (due 7 days prior to event): _____	

Cancellations must be made within 7 days of rental date in order to receive refund. No refunds will be given within 7 days of rental. I have read the policies set in place by CERA and accept these terms. I understand that any changes to this agreement must be approved by CERA in advance of the event.

Customer Signature: _____ Date: _____

CERA Staff Signature: _____ Date: _____