



Event Code: _____

Facility Rental Contract

Requestor: _____ email address: _____

Phone: _____ Mobile: _____

Home Address: _____

Purpose: _____ Date: _____ From: _____ Hrs To: _____ Hrs

RENT TARIFF	TOTAL
1. Auditorium (includes green room, not classrooms) <input type="checkbox"/> \$550 (6 hrs)+ ___hrs@\$75/add'l hr <input type="checkbox"/> ___ hrs (3 hr min) @\$100/hr <input type="checkbox"/> less than 100 people \$300 (4 hours) <input type="checkbox"/> \$50 set up charge, if rented for less than 6 hrs <input type="checkbox"/> Rehearsal ___hrs @ \$75/hr (2 hrs min); does not include set up or sound system	\$ _____
2. Basement Banquet Hall (including serving area) <input type="checkbox"/> \$300 (4 hours) <input type="checkbox"/> \$200 (2 hours) <input type="checkbox"/> less than 100 people \$250 (4 hours) <input type="checkbox"/> \$50 set up charge, if set up is needed	\$ _____
3. Dining Hall & Kitchen <input type="checkbox"/> \$450 (6 hrs) + ___hrs@\$75/add'l hr <input type="checkbox"/> less than 6 hours \$90/hr Extra kitchen cleaning charges (determined after the event)	\$ _____
4. Dining Hall (excludes on-site cooking) ^{**} <input type="checkbox"/> \$90/hr (2 hrs min) <input type="checkbox"/> \$300 (4 hrs) + ___hrs @\$ 50/add'l hr <input type="checkbox"/> ___ hrs @ \$60/hr for meetings	\$ _____
5. Auditorium, Dining Hall & Kitchen ^{**} <input type="checkbox"/> \$975 (6 hrs) + ___hrs@\$75/add'l hr	\$ _____
6. Upstairs Classrooms <input type="checkbox"/> CR 1 @\$25/hr <input type="checkbox"/> CR 2: @\$25/hr <input type="checkbox"/> CR 3: @ \$35/hr	\$ _____
7. Basement Classrooms & Library Room <input type="checkbox"/> ___hrs@\$30/hr <input type="checkbox"/> \$100 for 4 hours	\$ _____
8. Basement Large Yoga Room <input type="checkbox"/> ___hrs @\$50/hr <input type="checkbox"/> \$150 for 4 hours	\$ _____
9. Basement Large Dance Room <input type="checkbox"/> ___hrs @\$50/hr <input type="checkbox"/> \$150 for 4 hours	\$ _____
10. Basement Large Dance & Yoga Rooms <input type="checkbox"/> ___hrs @\$75/hr <input type="checkbox"/> \$200 for 3 hours	\$ _____
For items 6 thru 10, \$25 charge if set up is required	\$ _____
11. Charges for additional services (from page 2)	\$ _____
SUBTOTAL	\$ _____
ELIGIBLE DISCOUNTS (from page 2)	\$ _____
TOTAL	\$ _____



Event Code: _____

Facility Rental Contract

Occupancy limits: Auditorium (550); Basement Banquet Hall (400), Dining Hall (120), Yoga Room (40), Dance Room (40)

CHARGES FOR ADDITIONAL SERVICES

Please select additional services listed below. **Any services used on the day of the event**, but not requested beforehand, will be included in the final settlement.

- Free WIFI available
 - Pre-scheduled cleaning person during the event @ \$15/hr (4 hours minimum) \$ _____
 - Catering set up **during** the event @\$100 \$ _____
 - Use of Stainless steel supplies set @ \$ 1.50 per person \$ _____
 - Use of Linen Table Clothes @ \$10 per Table \$ _____
- sub-total** \$ _____

ADDITIONAL CHARGES ASSESSED AFTER THE EVENT

I agree to pay the following **ADDITIONAL** charges for additional costs of cleaning labor or excess use of kitchen:

- Cost of Cleaning after the event (_____ hrs @ \$15/hr) \$ _____
- Cost for additional usage of kitchen (beyond 4 hrs already charged) (_____ hrs @ \$75./hr) \$ _____

ELIGIBLE DISCOUNTS (ONLY ONE DISCOUNT PER RENTAL):

- Monday thru Thursday rentals will be discounted 30% for rental types 1 thru 5 **on page 1**
- 10% discount for Temple members (**proof of membership required**) & for Affiliated Community Groups

Auditorium set up needed: To meet your special requirements for chair/table arrangements in the auditorium, please clearly communicate them **in writing** (with a sketch showing the chair/table set up) to the HCC Office manager at least TWO WEEKS prior to the event.

Special set up: please specify your additional needs in writing. Additional charges will apply, depending on the scope.

There is a \$300 refundable deposit due with this contract that will be refunded upon satisfaction of the terms & conditions of this contract. The deposit will be forfeited if the cancellation is less than 4 weeks from the event.

All charges, including charges for additional services, shall be settled within 48 hours of the event.

TOTAL AMOUNT (from page 1): \$ _____

Deposit Receipt # _____ for \$ _____ received by HCC on _____ (date).

Requestor **Date** **HCC Authorized Designee** **Date**

Please make check payable to **Hindu Cultural Center**

Deposit: _____ Balance: _____