



# Room Rental Agreement

Please indicate the total number of hours you plan to use the room, which **includes** set-up and clean-up.

**Building Rental hours: 8:00 AM – Midnight**

## Gallery II

**Rates:**

- For members: Per hour during business hours \$30.00
- For non-members: Per hour during business hours 35.00
- For member: Per hour after hours 45.00
- For non-members: Per hour after hours 50.00
- Kitchen access without cooking 50.00
- Kitchen access with cooking 125.00

**TOTAL FEE:** \_\_\_\_\_

- o Deposit – Credit card pre-authorization taken and charged as required
- o Cleaning fee of \$20 per hour if facility is not left clean per posted procedures
- o Damage fees are assessed as warranted

- Will wine or beer be served?  Yes  No **If yes, permits required. See written Room Rental Policy**
- Will food be catered?  Yes  No
- Will food be prepared on site?  Yes  No **If yes, answer the following question.**
- Will the event be open to the public?  Yes  No **If yes, Food Handler permits are required**

Date(s) of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_  
 Event Contact: \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_ Number of guests: \_\_\_\_\_

Event time: \_\_\_\_\_ to \_\_\_\_\_ (**DOES NOT** include your set up, take down or cleaning time)  
 Total Room Time \_\_\_\_\_ to \_\_\_\_\_ (**INCLUDES** set up, take down and cleaning time)

**WAIVER OF LIABILITY:** By signing below, I/we hereby release Umpqua Valley Arts Association and the City of Roseburg from any liability resulting from any incident during our event at UVAA. I/we assume full responsibility for any and all activities that take place at our event and I/we will be responsible for any liability, litigation or other concerns resulting from anything that happens at our event.

**Cancellation or Change in Reservation:** Refund given with 10-day advance notice of cancellation, in writing - see Room Rental Policy for full details. Date change will be considered on a case-by-case basis. Please notify UVAA of any change in contact information.

***I have read, understand and agree to follow the UVAA policies enclosed with this agreement.***

Event Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UVAA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Rental Fee \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Credit card Information \_\_\_\_\_