



# Room Rental Agreement

Please indicate the room you are interest in renting and the total number of hours, which **includes** set-up and clean-up.

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

		Rate	UVAA member rate
<input type="checkbox"/> Gallery II	<input type="checkbox"/> Up to 4 hours	\$115	\$ 92
<input type="checkbox"/> Studio East	<input type="checkbox"/> 4 - 6 hours	\$135	\$108
<input type="checkbox"/> Clay Studio	<input type="checkbox"/> 6 – 10 hours	\$150	\$120
<input type="checkbox"/> Clay Classroom	<input type="checkbox"/> Full day (see above)	\$200	\$160
<input type="checkbox"/> Kitchen	Flat fee of \$50 for use of kitchen		\$ _____

**TOTAL USE FEE** \$ \_\_\_\_\_

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

- Will wine or beer be served?  Yes  No **If YES, permits required. See written instructions**
- Will food be catered?  Yes  No
- Will food be prepared on site?  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:** Full refund given with 7-day advance notice of cancellation, in writing. 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 imprint taken \_\_\_\_\_