**Facility Use Contract**

**Event, date, and time: Memorial for Cheryl Carlson**

**Contact person info:**

**Name: Brianna Gieseking Phone: 360-913-5200**

**Email: briannalyvingood@hotmail.com**

**Person in charge on site: Brianna Gieseking/Bjorn Gieseking**

**Purpose of event: Memorial Service**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to terms as outlined in attached facility use request.**

**I agree to the following as indicated by facility request form:**

1. **Facility event use renter agrees to use only items and facility rooms indicated.**
2. **Facility event use renter agrees that no sound or media equipment will be used and/or accessed.)**
3. **Facility event use renter agrees to provide parking attendant for event to guide participants. (No parking allowed in designated Kidney Center parking spaces.)**
4. **Facility event use renter agrees to provide own consumable coffee supplies.**
5. **Facility event use renter agrees to clean up facility and leave it in same condition as prior to event.**
6. **Facility event use renter agrees to pay facility use fee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Person requesting facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**---------------------------------------------------------Office use only-------------------------------------------------------------**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Entered and scheduled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**