



Facility User Form and Agreement

127 10th Street South Suite 600 Kirkland, WA 98033

ECF Event

ECF Member

Non-Member

Application Date: _____

Organization: _____

Applicant's Name: _____

Address: _____

Contact Phone: _____

Contact Email: _____

ECF Sponsored Event

Member Use/Non-Sponsored

Fundraising Event*

*please meet discuss all income/rental/fundraising procedures in advance with ECF administrators

EVENT INFORMATION	
Meeting or Event Title:	
Purpose (describe briefly):	
Room(s) Request/Reserved:	<input type="checkbox"/> Event Center (2 Rooms) <input type="checkbox"/> Childcare Room (10 max)
	<input type="checkbox"/> Center Room (w/Kitchen) <input type="checkbox"/> Conference Room
Total Estimated Attendance:	**EventCenter Max. Capacity ~120
Is this a re-occurring meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often?	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Days of the Week:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Dates:	
Times: *Set Up time upto 2hrs prior to event on event unless otherwise authorized	Event Time: _____ Set Up Time Needed? _____
Audio/Video [\$35-\$65/Hour] (hourly fee depends on event size & services provided)	<input type="checkbox"/> Sound System <input type="checkbox"/> LCD Projector <input type="checkbox"/> Television
	<input type="checkbox"/> iPod <input type="checkbox"/> Stage Use <input type="checkbox"/> Band / Speaker ___# of microphones
Custodial Services Provided [\$75/flat rate, subject to change according to overall EVENT size/needs]	<input type="checkbox"/> Self-clean [see guidelines for details and policy]
	<input type="checkbox"/> ECF provided
	OFFICE USE ONLY: <input type="checkbox"/> Cleaning/Damage Deposit Received
Special Notes/Needs:	_____



SAVE HARMLESS AND INDEMNIFICATION AGREEMENT

Client agrees to defend, indemnify and hold harmless Eastside Christian Fellowship, its officers, agents, and employees from and against any and all claims, demands, causes of action, or liabilities incurred by ECF, its officers, agents or employees, arising from the Event or as a result of Client's acts or omissions under this Agreement or any act of omission of ECF officers, agents, employees, contractors (including independent contractors), registrants or other persons attending the Event with the express or implied permission or invitation of Client, except as may arise from the negligence or wilful misconduct of ECF, its officers, agents, contractors or employees. In an action or claim against ECF in which Client is defending ECF have the right to approve legal counsel providing ECF's defense and such approval shall not be unreasonably withheld. Client's obligations under this section shall survive expiration or earlier termination of this Agreement.

RENTAL/EVENT CANCELLATION POLICY

Should it become necessary for you to cancel your event and/or rental agreement, any request to cancel must be received in the form of writing [email/letter] **14 days** prior to your scheduled event. Cancellations [and refund] requests will need to be approved by at least two ECF Facility Team members at the time of the cancellation request. In the instance of an event not meeting it's minimum required attendees/registrations, cancellations and refunds will be assessed and approved case by case. However, if ECF receives less than a 10 day cancellation notification due to registration minimums not being met, the ECF Facility Team has the right to release your reservation date/time to another party or organization for rental use and also has the right to deem any deposits/payments [in part or in full] as "non-refundable". Send your written cancellation requests to: kasrasoltani@myecf.org and nicolegosney@myecf.org

DATES AND VENUES ARE NOT RESERVED UNTIL THE APPLICATION IS APPROVED BY ECF STAFF

Signature of User's Authorized Representative

Name/Title: _____

Date: _____

Person(s) responsible for _____

Room clean up: _____

(Name and Contact #)

The Usage FEE Worksheet has been Completed: Y or N

FOR OFFICE USE ONLY

Application Recived by: _____

Reviewed by: _____

Approved/Disapproved by: _____