

# RENTAL CONTRACT

## STUDIO C

13256 NE 20<sup>th</sup> Street, #7, Bellevue, WA 98005 425-746-8123 Fax: 888-262-0480

Authorized Representative Name:		Organization:		
Street Address:		Apt:	Email:	
City:	State:	Zip:	Phone:	
Contact Person:	Phone:		Email:	

### Space Requested

Date(s)	Day(s) of the Week (Mon, Tues, Wed, etc)	Start Time (including set up time)	End Time (including clean up time)	Total Time	Room Type: classroom, seminar room, conference room	Anticipated Attendance	Equipment Request

**Food/Beverage**

Will you be requesting permission to serve alcohol?

- No
- Yes list dates: \_\_\_\_\_

If yes, do you have event insurance?

- Yes (Proof will be required.)
- No

Will you be serving food?

- No
  - Yes
- list dates: \_\_\_\_\_

Will you have deliveries or catering?

- No
  - Yes
- list dates: \_\_\_\_\_
- restaurant/caterer: \_\_\_\_\_
- date/time of pick up: \_\_\_\_\_

**Payment Schedule:**

- Lump Sum
- Monthly
- Other – please specify (all other methods must be approved): \_\_\_\_\_

Make all checks payable to Studio C.

*Studio C does not discriminate on the basis of race, color, national or ethnic origin, sex, disability, veteran status, age, sexual orientation, gender identity or gender expression in the administration of any of its programs or policies.*

**Signatures**

By signing below, Client’s representative acknowledges that he/she has authority to enter into agreements on behalf of Client, and that he/she has received, read and fully understands the Terms and Conditions of the Rental Agreement and any documents included by reference.

Client Representative: (Print Name)	Center Representative: (Print Name)
Signature:	Signature:
Date:	Date:

**Please return contract to: Attn: Space Rental, 13256 NE 20<sup>th</sup> Street #5, Bellevue, WA 98005**

**Phone: 425-746-8123 Fax: 888-262-0480**