

Room Rental Agreement

COTTINGT IT IT ORIN				EVERTI IIV		1		
Name:		Event Name:						
Phone:				Event Date:				_
Email:					tart:			
Employer:				Guest Count	·			
Room (Circle):	Trinity (Whole)		Ranchview/	Unity Comb.	Gateway	Overlook		
	Trinity (Half)		Ranchview	Unity	Summit			
Setup (Circle): Cl	assroom	Lecture	U-Shape	Banquet	60" Rounds	Pods	As-Is	
	Polycon		n System	Flip Chart/Easel		Trinity Kitchen Access		Access
Additional Services (Circle):		Wa	ater	Soda		Coffee:	(Pot)	(Pods)
		Snacks		Additional Hours		CERA Attendant		
Notes:								
For CERA use only:								
Facility Rental Cost:	Additional Services Cost:							
Total Cost:			Down Payment (Non Refundable 20%):					
Remaining Balance (du	ıe 7 days pı	rior to event)):					
Cancellations must be given within 7 days of understand that any cl	rental. I ha	ve read the p	oolicies set in p	olace by CERA	and accept t	these teri	ns. I	
Customer Signature:					Date:			
CERA Staff Signature: _					Date:			