

Verde Valley Guidance Clinic Room Rental Agreement

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Date: _____

Thank you for your interest in renting space at our facility. Please sign this agreement and return it to me prior to your event. Please understand that due to the confidential nature of our business and funding limitations, these rules are necessary. If you should require more access than the Community room wing, you will be required to pay for a clinic employee to perform the tasks required in the main building for you at a rate of _____/hr with a one hour minimum. Weekend rentals will require you to pick up a key prior to the rental date. Tables, chairs, and rented equipment will be provided. You are responsible for set up and leaving the room in the condition you found it.

Room Requested:

- Mingus Room
- Sycamore Room
- Community Room

Date Desired: _____ Alternate Date: _____

Number of hours: _____. Half Day rate . Full Day rate

Number of People Attending: _____

Number of chairs required: _____ Number of 6' by 3' tables required:

I wish to reserve:

- Podium . Overhead . Screen . Television . VCR

I wish to pay:

- Total Rental Amount Due including above options and cleaning deposit:

\$ _____

- Half of Rental Amount plus cleaning deposit required 30 days in advance

\$ _____

- Check enclosed
- Please charge my:

. Visa . Master Card . American Express . Discover

Card # _____ Expiration Date: _____

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Room Rental Agreement**

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I, _____, representative for
_____ (organization) and
being the responsible party for rental of the
_____ room(s)
described above from the Verde Valley Guidance Clinic, agree to abide
by the following rules:

1. My entire party will be restricted to the Community Room wing.
No access will be permitted beyond the double doors to the main part of
the facility.
 2. Entrance will be through the outside doors at the community room
wing only.
 3. No smoking will be permitted inside the building.
 4. Cigarette butts will be placed in appropriate receptacles.
 5. All trash, indoors and out, will be placed in appropriate receptacles.
 6. All doors will be locked and checked upon exit.
 7. For after hour rentals, the alarm will be set upon exit from the building.
 8. The Verde Valley Guidance Clinic reserves the right to make
changes in the accommodation to an equal or larger room.
 9. No alcoholic beverages are allowed on the premises.
- Failure to comply with the rental rules will result in additional charges.

Signed _____ Date _____
Address _____ Phone _____
City, St. Zip _____

**Please send the completed agreement with payment to:
Verde Valley Guidance Clinic
Attn: Sharon Stingerie, Administrative Assistant
8 E. Cottonwood Street,
Cottonwood, AZ 86326**