

Room Rental Agreement

CONTACT INFOR		EVENT INFORMATION			
Name:			Event Name:		
Address:		Event Name: Event Date(s):			
City: S	State: Zip	:			End:
Phone:					
Email:			Guest Count:		
Employer:					
Room (Circle):	Trinity (Who		/Unity Comb. Unity	Gateway Summit	Overlook
Setup (Circle): C	Classroom Led	cture U-Shape	Banquet	60" Rounds	Pods As-Is
	P	Polycom System	Flip Char	t/Easel	Trinity Kitchen Access
Additional Services	(Circle):	Water	Soda		Coffee: (Pot) (Pods)
		Snacks	Additiona	al Hours	CERA Attendant
I consent to CERA taki including print or web			-	_	
For CERA use only:					
Facility Rental Cost: _			Additio	nal Services	Cost:
20% Down Payment (ng):	Total Due:			
Remaining Balance (due 7 days prior	to event):			
A credit card must be days prior to event. D 7 days of rental date. I have read the policie this agreement must l	on file to cover th Down payment is i	ne remaining balanc non-refundable. The CERA and accept the	e due, and will ere will be no r ese terms. I un	automatica efunds for c	ally be charged 7 ancellations within
Customer Signature: _			_	Date:	
CERA Staff Signature:			Date:		