



J A C C C

# Garden Room A Rental Form

Date(s) of Event \_\_\_\_\_ Date Reservation Made \_\_\_\_\_

Event \_\_\_\_\_ Preset Time \_\_\_\_\_

Organizationa/Individual \_\_\_\_\_ Time/Event \_\_\_\_\_

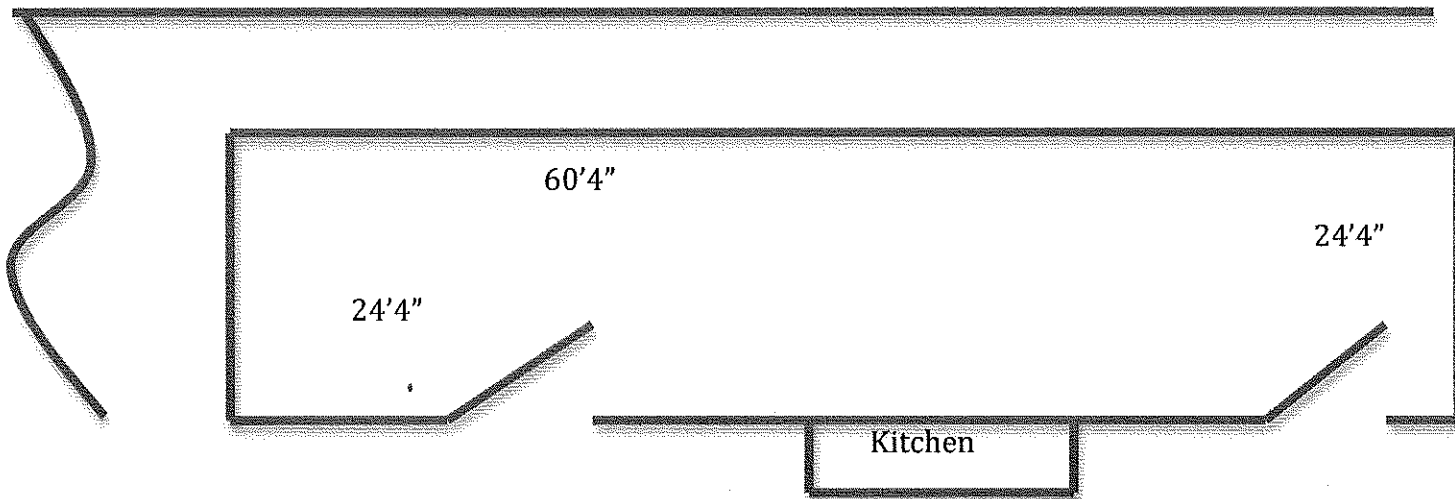
Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Number of People \_\_\_\_\_ Number of Tables \_\_\_\_\_ Number of Chairs \_\_\_\_\_  Tenant  Non-Profit

Please diagram below how you wish the room(s) to be set up:



### Additional Service / Equipment Requested:

- |   |       |                                     |       |
|---|-------|-------------------------------------|-------|
| <input type="checkbox"/> Garden Room A      | _____ | <input type="checkbox"/> Whiteboard | _____ |
| <input type="checkbox"/> NP/Tenant          | _____ | <input type="checkbox"/> Projector  | _____ |
| <input type="checkbox"/> Food Surcharge     | _____ | <input type="checkbox"/> Screen     | _____ |
| <input type="checkbox"/> Coffee/Tea Service | _____ | <input type="checkbox"/> Podium     | _____ |
| <input type="checkbox"/> DVD Monitor        | _____ | <input type="checkbox"/> Other      | _____ |
| <input type="checkbox"/> Easel/Pad          | _____ | <b>Total Fee:</b>                   | _____ |

### Term of Room Rental:

- \* If food is served, there will be an additional \$50.00 surcharge to cover the clean up cost.
  - \*Room reservations should be made in writing at least two weeks before scheduled date, or room reservation will be cancelled.
  - \*If you use electrical appliances, please make certain they are turned off when you leave.
  - \*The lessee agrees to hold harmless the Japanese American Cultural and Community Center, as respect to injury to person or property, in or about the premise, or arising out of use of the premise by lessee.
  - \*No alcoholic beverages shall be served, unless liability insurance is provided.
- For more information, please contact Marlene Lee at 213 628-2725 ext. 148 FAX: 213 617-8576
- \*Room rental rates are based on 4 hours of usage. After four hours there is a prorated per hour charge.
  - \*Full payment is expected prior to usage of the room.

Signature of Lessee \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only:

Invoice # \_\_\_\_\_ Date \_\_\_\_\_ Paid On \_\_\_\_\_ Check# \_\_\_\_\_