



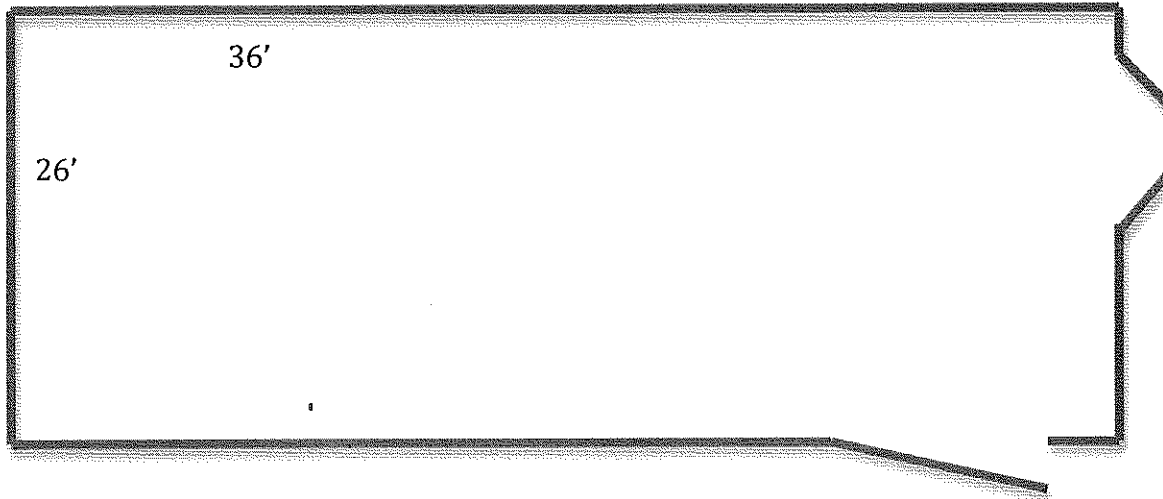
J A C C C

Garden Room B Rental Form

Date(s) of Event _____ Date Reservation Made _____
 Event _____ Preset Time _____
 Organization/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	_____	Total Fee:	_____

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 the Japanese American Cultural and Community Center harmless, 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# _____