

APPLICATION FOR USE OF FACILITIES

Welcome to the **Washington District of Columbia Jewish Community Center**. We look forward to working with you to make this program a success for all involved.

Name of Program _____ Date of Program _____

Name of Organization or Individual: _____

Street address, City and State: _____

Contact Person: _____ Phone Number _____

Contact Person: _____ Phone Number _____

Day of event contact and phone (if different from above): _____

Fax number _____ E-mail address (optional) _____

Day of Week: _____

Description of program: _____

Start Time: _____ End Time: _____ Set Up Time: _____

Start Time: _____ End Time: _____ Set Up Time: _____

Start Time: _____ End Time: _____ Set Up Time: _____

Room Requested: _____ Approximate Attendance: _____

Room Requested: _____ Approximate Attendance: _____

Room Requested: _____ Approximate Attendance: _____

Please list only one event per sheet. (You can list an event with multiple room usage)

Name of Caterer (must be kosher; mashgiach required): _____

Please indicate if you are:

- o A member agency of the Jewish Community Council or United Jewish Appeals Federation - A
- o A non-profit agency, not affiliated with above mentioned organizations or a DCJCC member renting for private use -B
- o A non-DCJCC member renting the facility for private use and for profit organizations -C



If this contract is approved, the conditions and regulations stated in this agreement, as well as, any attached usage guidelines (if additional forms apply) will be observed, and the person named as contact person above will assume all responsibility for honoring agreement, damages, loss, or other liability arising from the use of the facilities. Programs are not confirmed until deposit is received. Projectionists must be hired from the projectionists union at (202) 526-1944.

*Please sign and return this page, along with a \$200.00 Non-refundable deposit within in 7 days to guarantee your space reservation. If deposit is not received in 7 days space may not be held and new arrangements may have to be made. Return this agreement to the attention of: wanda chichester.

**If your event is to take place within one month of reservation full payment is due upon receipt of agreement. If payment is not received within 10 days of the reservation we reserve the right to release said space. There is no refund on reserved space not used or cancelled within 10 days of a scheduled event.

Authorized Representative Co Sponsorship _____ Date _____

Authorized Representative of Washington DC JCC _____ Date _____

Signature of this contract confirms acceptance of the terms stated in this agreement and any attached usage guidelines or policies that may apply

To Be Completed By the Washington DCJCC Only

Total Usage Fee Per Space _____

Total Set-Up Fee _____

Special Needs Fee _____

Deposit Paid _____ Date _____

Balance Due _____ Date Due _____ Date Paid _____

Please Complete This Section For All Facility Usage

