



**Angela Center**  
 535 Angela Drive  
 Santa Rosa, California 95403  
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**FACILITIES USE CONTRACT FOR  
 ANGELA CENTER - PROVIDED FOOD SERVICE**

Name \_\_\_\_\_ Group Organizer \_\_\_\_\_

501(c)(3) Organization

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

e-mail address \_\_\_\_\_ e-mail address \_\_\_\_\_

Please attach IRS determination letter \_\_\_\_\_ TIN \_\_\_\_\_

**PROGRAM:** Please describe in brief the purpose of your program and the type of planned activities. Note if you plan to have music, loud noise, periods of silence.

DATES REQUESTED \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_

DEPARTURE: DATE/TIME \_\_\_\_\_

**OVERNIGHT ACCOMMODATIONS:**

Please indicate the number of persons you expect:

\_\_\_\_\_ **Angela Center** (minimum 24, maximum 48) \_\_\_\_\_ **Ursula Hall** (minimum 24, maximum 37)

\_\_\_\_\_ **Brescia Hall** is available by special arrangement after Angela Center and Ursula Hall are filled (minimum 10, or the financial equivalent; maximum 54)

*Angela Center Use Only*

**ANGELA CENTER FACILITIES:** \_\_\_\_\_ Lounge \_\_\_\_\_ Studio \_\_\_\_\_ Chapel \_\_\_\_\_ Garden

Room \_\_\_\_\_ White Room \_\_\_\_\_ Dining Room \_\_\_\_\_ Kitchen \_\_\_\_\_ Pantry

**URSULA HALL MEETING ROOMS:** \_\_\_\_\_ Mary Kevin Room \_\_\_\_\_ Cecilia Room

\_\_\_\_\_ Mary Peter Room \_\_\_\_\_ Gabriel Room \_\_\_\_\_ Kitchen \_\_\_\_\_ Dining Room

\_\_\_\_\_ Chapel \_\_\_\_\_ Brescia Hall \_\_\_\_\_ Brescia Lounge

**FOOD SERVICE:** Unless the group specifically arranges for totally vegetarian meals, fish, poultry, meat or cheese entries are normally served. *Vegan meals can be provided, but neither special needs and /or individual diet needs can be accommodated.* If group members have special needs, they should be prepared to bring a few pre-cooked items to supplement the diet. *Our kitchen facilities are not available for food storage or individual meal preparation.* initial \_\_\_\_\_

**MEALS:** Are served buffet-style in the Dining Room. Food is served for one-half hour at 8:00 a.m., noon, and 5:30 p.m. At additional charge, pro-rated at the rate of \$125.00 per hour, prolonged meal service hours may be scheduled if arranged ahead of time. Once arranged, meal times cannot be changed by more than 15 minutes, and then only with special notice to the kitchen. *The group will be assessed a charge of \$25 for each 15 minutes that it is late for meals.* Meals are normally taken in the Dining Room, but, weather permitting, may be eaten outside. Plates, cups and utensils are to be returned to the food busing area within an hour after the beginning of the scheduled meal. **Meals are not to be eaten in meeting rooms or sleeping areas.** initial \_\_\_\_\_

**Shoes must be worn at all times by the all of the Organizaiton's participants in and around dining and food preparation areas.** initial \_\_\_\_\_

**It is the Organization's manager's/coordinator's responsibility to promptly notify Angela Center management of equipment malfunction, failure, sewer back-up, the presence of insects, rodents or other creatures.** initial \_\_\_\_\_

**Should improper disposal of food, paper products, female sanitary products or other items into sewers or inappropriate disposal receptacles result in sewer blockage or equipment failure, Angela Center makes no representation that, despite its best efforts, failed equipment will be restored to full operational condition or proper working order during the scheduled event.** initial \_\_\_\_\_

**Failure on the part of the Organization's manager and/or participants to properly secure the premises, including closure of outside door(s) and windows resulting in an infestation, will result in additional charge. If failure to comply with any and all health and safety regulations results in conditions causing closure by the Sonoma County Health Department, the Organization will be held financially responsible for any and all costs associated with restoring the facilities to full operational condition as required by the Sonoma County Health Department requirements to resume full licensing and operation. The Organization is responsible to secure all outside doors and windows on the premises during its events.** initial \_\_\_\_\_

**SET-UP/TEAR DOWN/FURNITURE MOVING:** A charge of \$165.00 applies for Angela Center staff set-up/tear down/furniture moving. initial \_\_\_\_\_

Angela Center assumes no responsibility for items left behind. No storage space is provided for either the Organization's or personal belongings. initial \_\_\_\_\_

**CERTIFICATE OF INSURANCE:** A certificate of insurance for \$1,000,000 must be provided to Angela Center naming the Ursuline Western Province and the Santa Rosa Ursuline Corporation as additional insured.

**DEPOSIT:** The deposit is 50% of the total estimated cost with a minimum of \$400.00 which applies toward the cost of the activity. The deposit, less a \$50.00 processing fee, will be refunded up to four months in advance of the scheduled start date. The deposit is non-refundable after that time. Cancellation within one month of the scheduled starting date will result in a billing for an additional 25% of the estimated cost.

**SECURITY DEPOSIT:** A \$300.00 refundable security deposit is required and will be returned if the facilities are left in order. *The Organization is personally responsible for any and all damage beyond the security deposit amount.*

**FINAL BILLING:** The balance of the total fee is due and payable at the time of presentation. After ten days, a late charge of 2% will be assessed on the unpaid balance. After 30 days, any remaining unpaid balance will be subject to a 7% late charge.

**Price quoted:** \_\_\_\_\_

**Deposits/moving fees due:** \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_ **ANGELA CENTER** \_\_\_\_\_

\_\_\_\_\_ **ORGANIZATION** \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**This contract may be withdrawn if not accepted and returned by \_\_\_\_\_, 20\_\_\_\_.**

**Contracts not accompanied by required deposits and/or fees will not be honored. Return one signed, dated copy of this contract with the *required deposit(s) and fees* to Angela Center, 535 Angela Drive, Santa Rosa, CA. 95403**