



Angela Center

535 Angela Drive
Santa Rosa, California 95403
Telephone (707)528-8578
Fax (707) 528-0114
angelacenter@juno.com
angelacenter.com

FACILITIES USE CONTRACT

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 _____

NUMBER EXPECTED _____ DEPARTURE: DATE/TIME _____

PROVIDED MEALS: BREAKFAST/BRUNCH _____ LUNCH _____ DINNER _____
Y/N Y/N Y/N

SNACKS: _____
Y/N

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 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 \$100.00 refundable security deposit to be returned if the facilities are left in order. *The Organization is personallly responsible for any and all damage beyond the security deposit amount.*

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

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:

Shoes must be worn at all times by all of the Organization's participants in and around dining and food preparation areas. initial _____

It is the Organization's manager's/co-ordinator'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 /co-ordinator 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 _____

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 Angel a Center, 535 Angela Drive, Santa Rosa, CA 95403.

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