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**RENTAL REQUEST FORM**

[**https://www.unityofbellevue.org/rentals**](https://www.unityofbellevue.org/rentals)

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**ORGANIZATION:**        **TODAY’S DATE:**

**PRIMARY CONTACT NAME:**       **NON-PROFIT ID#:**

**EMAIL:**       **CELL PHONE:**

**ADDRESS:**       **WORK PHONE:**        

**CITY:**       **HOME PHONE:**

**STATE:**    **ZIP:**      

**EMAIL:**

**NAME OF ROOM(S):**

**DATE(S) REQUESTED:**

**TIME REQUESTED** **(Must include set-up & clean-up time):**       TO        **TOTAL HOURS:**

**TYPE OF ACTIVITY/USE**:

**EVENT TIME (Guest arrival and departure):**       TO

**ANTICIPATED MAXIMUM ATTENDANCE?**  Total     **BY AGE GROUP:** Adults     Youth

**Equipment (Included with the Rental)**

Renters are responsible for the care, condition, and cleaning of any equipment being used. The room has an inventoried set of tables/chairs available for use. It is the responsibility of the applicant to set-up, move tables and chairs for their purpose, and to return room to original condition.

**DO YOU REQUIRE?**

**Sanctuary:** (mark all that apply and # of tables/chairs) Standard set-up is 132 chairs. Can be reconfigured.

Grand Piano  Electric Piano  Drums  Audio/Visual in Sanctuary (mics, sound system, video, slideshow, background music, lighting, etc.)  Livestream/Recording \_\_\_\_Stacking Chairs (200 avail. Room capacity 200)

**Atrium:** (mark all that apply and # of tables/chairs)

\_\_\_\_\_6 ft Rect. Tables (18 avail.) \_\_\_\_\_Tall 3 ft. Round Cocktail Tables (3 avail.) \_\_\_\_\_ Photo easels (1 standing/3 tabletop)

Coffee/Tea Set up — If so, for how many people ­­­\_\_\_\_\_

**Friendship Room:** (mark all that apply and # of tables/chairs) Standard set-up is 9 round tables with tablecloths seating 56 and 3 rectangle serving tables with tablecloths.

\_\_\_\_\_Stacking Chairs (200 avail. Room capacity 75) \_\_\_\_\_6 ft Rect. Tables (18 avail.) \_\_\_\_\_Round tables (9 avail.)

Coffee/Tea Set up — If so, for how many people ­­­\_\_\_\_\_  LCD projector and screen

**Kitchen:** (mark all that apply)

Refrigerator  Freezer  Microwave  Warming/Heating Ovens

**Library and Classrooms:** (mark all that apply and # of tables/chairs)

\_\_\_\_\_Stacking Chairs (200 avail. Room capacity 30) \_\_\_\_\_6 ft Rect. Tables (18 avail.)

**AGREEMENTS**

The undersigned hereby makes application to Unity of Bellevue for use of the facility described above and certifies that the information given in the application materials is correct. The undersigned further states that they have the authority to make this application for the applicant and agrees that the applicant will observe the rules, regulations, policies and procedures of Unity of Bellevue. The applicant assumes responsibility for the conduct of their guests and/or contractors associated with or attending the event. The applicant agrees to exercise the utmost care in the use of the premises and property and to hold Unity of Bellevue harmless from all liability resulting from the use of said facilities. The applicant further agrees to reimburse Unity of Bellevue for any damage arising from the applicant’s use of said facilities. The applicant signing this agreement will be considered the responsible party in case of damage, theft, or disturbances during the rental period. The applicant agrees to comply with all applicable COVID-19 safety requirements and guidelines as issued by the Governor’s Office, Department of Health, or other state or local authority, and to comply with all applicable COVID-19 safety requirements and guidelines identified by the City or set out in any relevant facility plan. The applicant is responsible for notifying all guests and/or contractors associated with or attending the event of Unity of Bellevue’s guidelines as well as all applicable COVID-19 safety requirements and guidelines. The applicant understands that failure to follow any terms and conditions may result in termination or suspension of rental.

**I have read, understood, and agree to comply with all procedures in Unity of Bellevue’s Facility Rental Guidelines and the Supplemental Form documents for the facility I am requesting to use. I further certify that I am 21 years of age or older.**

**SIGNATURE (REQUIRED):** Primary Contact:       Date:

**In addition to this form, complete and submit** Facility Supplemental Form,

**Mailing Address:** Unity of Bellevue

16330 NE 4th St

Bellevue, WA 98008

**EMail Address:** [info@unityofbellevue.org](mailto:info@unityofbellevue.org)

**PHONE/Text:** 425-747-5950