



HCWM Use Only:

Venue: CCR /CR

Total Cost: _____

Paid Date: _____

HCWM Staff appointed to event:

This form **does not confirm** a room rental with the HISPANIC CENTER OF WESTERN MICHIGAN

Room Rental Policy

The Hispanic Center of Western Michigan is delighted to open its doors to the community by allowing non-profit and for profit organizations to rent our Cesar Chavez Room and Conference Room. Use of rooms will not be permitted for fundraising and political events, commercial use, or private parties. Organizations may request to use rooms when they are available, and meetings do not conflict with activities scheduled by the Hispanic Center.

Availability

Monday-Friday (9:00 a.m. – 8:00 p.m.) and Saturday-Sunday (9:00 a.m. – 8:00 p.m.) when events do not conflict with the organization’s activities. Requests must be submitted at least 7 days prior to requested date. Please call the front desk to schedule a reservation.

Set Up and Equipment

- The Hispanic Center can set up the room if one of the five set up options are selected on the Event Form. Otherwise, the client will be responsible for their own set up.
- The Hispanic Center can provide equipment listed under the Event Form upon request. Any damage to the equipment will be responsibility of the client.

Rental Fees

- Fees are based on 2- hour blocks

Weekdays	\$100.00
Weekends	\$150.00

Terms and Conditions

- All guests attending the event shall remain within the designated areas.
- The Hispanic Center will not be held liable for any property left on premises after the event’s conclusion.
- All center staff will be permitted to enter the premises at any time during as well as after the event.
- No live animals will be allowed on the premises (excluding service animals).
- No alcohol or smoking is permitted on the premises at any time.

- Any media (newspaper, television, mailings, etc.) releases must be reviewed and approved by the Executive Director.
- Any item that may affect the appearance of wall when removed is not permitted (nails, thumb tacks, putty).
- No open flames, glitter, and confetti
- Hallways, stairways, exits, and rest rooms and any other traffic areas are to remain free of tables, boxes, chairs, etc.
- Noise and activity levels must be controlled and not interfere with any Hispanic Center daily work and activities.
- Deliveries for meetings may only be made on the date of the event, Hispanic Center staff will NOT accept deliveries for meetings.
- Client is responsible for employing vendors for their event.
- Client is responsible for any damages caused to the center or grounds.
- Client must sign in at the front desk upon arrival.
- The Hispanic Center will not provide copying, faxing, or administrative services.

Insurance

The Hispanic Center’s insurance policies do not cover or protect against loss of client’s property or damage or injury to client’s guests or their property.

Client has read and acknowledged this agreement in its entirety.

Signature	Date
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REQUESTOR/CONTACT INFORMATION

Name _____ Date: _____

Organization(s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Cell: _____

EVENT SUMMARY

Date(s) of Event: _____ Number of people: _____

Client Access to set-up time: _____ Client clean-up time: _____

Event Start Time: _____ am/pm Event End Time: _____ am/pm

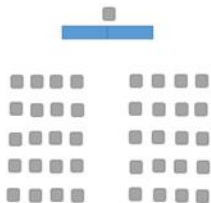
Briefly describe your event & why you want it held at the Hispanic Center of Western Michigan: _____

ROOM RESERVATION REQUEST

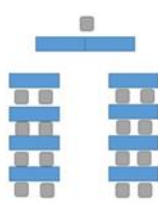
- Option 1 Cesar Chavez Room 150 people or less
- Option 2 Conference Room 20 people or less

Requested Room Set Up: Please select from the arrangements below

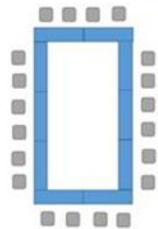
Option 1



Option 2



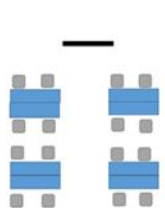
Option 3



Option 4



Option 5



Option: _____

Event Needs:

- Projector
- Microphone
- Hispanic Center of Western Michigan Speaker
- Dry Erase Board
- Interpreters (quotes available upon request)

Please indicate if food will be served: YES NO

PAYMENT AUTHORIZATION

Credit Card # : _____

Name of Credit

Card: _____

Exp Date: _____ CVV: _____ Zip Code: _____

Signature

Date

Check (checks can be made out to):

Hispanic Center of Western Michigan
1204 Grandville Ave. SW Grand Rapids, MI 49503

Please invoice my organization/company

Contact Person Name: _____

Phone: _____

Email: _____

Please note that your reservation request is not final until you have received an approved copy of this form from the HISPANIC CENTER OF WESTERN MICHIGAN. Please do not advertise your event until you have received confirmation. Please allow five (5) business days for your request to be processed.

HCWM Use Only

Notes: _____

Approved by: _____ Date: _____