



**His
Word
Found
Here**

5404 22nd Ave NW
Seattle, WA 98107
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HWFH FACILITY AGREEMENT

MANAGEMENT USE ONLY

Group/Person(s) Requesting Use _____

Approved
 Denied

Reason _____

Initials _____

PLEASE PRINT. WHEN FINISHED, RETURN COMPLETED FORM TO REGISTER.

EVENT COORDINATOR	GROUP NAME	PHONE NUMBER	APPLICATION DATE
EVENT COORDINATOR ADDRESS	CITY	STATE	ZIP CODE
TYPE OF EVENT	BEGINNING DATE (DD/MM/YY)	ENDING DATE (DD/MM/YY)	ENDING TIME

INDICATE USE OF FACILITY:

DAILY
 WEEKLY
 MONTHLY
 1X USE
 OTHER _____

DESCRIPTION OF EVENT:

BRIEF DESCRIPTION OF WHAT IS NEEDED FOR EVENT:

Room set up
 TV/Apple TV
 Meeting Table(s)

Private Room
 Extended Hours (subject to approval and additional fee)

Other: _____

TO BE COMPLETED BY GROUP REQUESTING USE OF HWFH

I/We (Event Coordinator) understand that as the representative(s) of the requesting group:

1. Upon approval of using the facilities, I/we may only use the rooms/resources designated above.
2. Other functions may be happening simultaneously in other parts of the facility, and I/we will be respectful of those functions/people.
3. Any special equipment must be operated by a trained attendant, appointed or approved by His Word Found Here.
4. Facility setup, breakdown, clean up and facility security is my responsibility as the Event Coordinator.
5. His Word Found Here is not responsible for lost or stolen items.
6. All required forms must be completed, returned to the Facility Manager, and approved before use of facility.

EVENT COORDINATOR SIGNATURE _____ DATE _____

FACILITY MANAGER SIGNATURE _____ DATE _____

Deposit for rental: \$ _____
 Total rental agreement: \$ _____

*Events that are canceled less than 48 hours in advance are subject to 75% of the total rental agreement. Deposits paid in advance will be applied to the rental or cancellation fee.