

Bureau for Exceptional Children and Adults

537 Northampton Street, PO Box 1039, Holyoke, MA 01040
Tel: 413-538-7450 ♦ Fax: 413-536-5691

FACILITIES RENTAL AGREEMENT

Please make a copy for your records and return the original to Jackie Tyler at the above address.

Pastoral Center Fee:	1-3 hrs=\$75	half-day = \$150	full-day=\$250
Church Fee:	1-3 hrs=\$100	half-day=\$175	full-day=\$300

Name
of Organization/ Group: _____
Contact Name: _____ Phone #: _____ Fax #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Facility
(check one): **Celebration Center** **Pastoral Education Center**

- For the Celebration Center and Pastoral Education Center please see "Equipment use Addendum".
- Floor Plan Arrangement
- Alcohol is not permitted.
- DO NOT use Tape or Tacks on the walls (Painters tape only)

Rental Date(s): _____ **Hours from:** _____ **to:** _____

Anticipated number of persons attending the event: _____
(subject to revisions, but please call to ensure we are able to accommodate.)
Please include security deposit with completed form.

Security Deposit : \$50.00

It is expected the responsible party will vacuum, clean and return the facilities to its original condition at the end of their function. Chairs to be put back in original seating arrangement using floor plan. (Seating Chart Provided)
Dispose of all Trash at the end of the event in the dumpster provided by Jericho. Turn off lights. Lock all doors.
Return key at the end of your event in the mail slot located on the front door at the Alleluia House. \$50 fee will be charged to parties not abiding by this agreement.

On behalf of the above-named organization, I (we) have read and agree to the terms for building rental.

Signed: _____ **Date:** _____

For office use only: Date returned: _____

Donation received: _____