

WASHINGTON DISTRICT OF COLUMBIA JEWISH COMMUNITY CENTER
1529 16TH Street NW, Washington, DC 20036
202-518-9400 x3265 / Fax 202-518-9420

APPLICATION FOR USE OF FACILITIES

Welcome to the Washington District of Columbia Jewish Community Center. We look forward to working with you to make this program a success for all involved.

NAME OF PROGRAM _____ DATE OF PROGRAM _____

.Please indicate if you are:

- A member agency of the Jewish Community Council or United Jewish Appeals Federation - A
- A non-profit agency, not affiliated with above mentioned organizations or a DCJCC member renting for private use -B
- A non-DCJCC member renting the facility for private use and for profit organizations -C

Name of Organization or Individual: _____

Street address, city and state: _____

Contact Person: _____ Phone Number _____

Day of event contact and phone (if different from above): _____

Fax number _____ E-mail address (optional) _____

Day of Week: _____ Description of program: _____

Start Time: _____ End Time: _____ Set Up Time: _____

Room(s) Requested: _____ Approximate Attendance: _____

Name of Caterer (MUST BE KOSHER; MASHGIACH REQUIRED): _____

If this contract is approved, the conditions and regulations stated in the attached Rental Guidelines (if additional forms apply) will be observed, and the person named as contact person above will assume all responsibility for honoring agreement, damages, loss, or other liability arising from the use of the facilities. Programs are not confirmed until deposit is received. Projectionists must be hired from the Projectionists Union at (202) 526-1944.

***Please sign and return this page, ALONG WITH A \$200.00 NON-REFUNDABLE DEPOSIT WITHIN IN 7 DAYS TO GUARANTEE YOUR SPACE RESERVATION. If deposit is not received in 7 Days space may not be held and new arrangements may have to be made. Return this Agreement to the attention of: WANDA CHICHESTER.**

*****If your event is to take place within one month of reservation full, payment is due upon receipt of agreement. If payment is not received within 10 days of the reservation we reserve the right to release said space. There is no refund on reserved space not used or cancelled within 10 days of a scheduled event.***

SIGN (Authorized Representative) _____ DATE _____

Signature of this contract confirms acceptance of the terms stated in this agreement and any attached RENTAL POLICIES THAT MAY APPLY

Please complete this section for all Rentals

TOTAL RENTAL FEE _____

SET-UP OR TECH FEES _____ A/V EQUIPMENT FEES _____

DEPOSIT PAID _____ DATE _____ BALANCE DUE _____

THIS SECTION FOR OVERNIGHT GROUPS ONLY

Group Leader (1) _____ Phone Number _____

Group Leader (2) _____ Phone Number _____

Number of Campers _____ Number of Staff _____ Age of Campers _____

Emergency Contact _____ Phone _____

Relationship to Group _____

Number of Campers _____ x \$17.00 = _____ x Number of Nights _____ = _____

ADDITIONAL FEES

Pool Use _____ Gym Use _____ TV/VCR _____ Add'l Room Use _____

Sign Here _____ **Date** _____

Signature on this agreement confirms acceptance of the terms stated in this agreement and the attached OVERNIGHT POLICY.

* & ** please read, very important information.

This Agreement is not valid unless The Washington DCJCC has a signed agreement and monies on said reservation.