



FACILITIES RESERVATION AGREEMENT

Contact: Matt Grindstaff At Matt.Grindstaff@ElevateBranson.org Or 417.598.0962

Group/Organization: _____

__ Check here if requesting organization is a 501(c)3 or registered nonprofit organization.

Contact Person: _____

__ Check here if you attend Gateway Branson Church.

Email: _____ Phone: _____

Mailing Address: _____

Type of Event: _____ Number of Attendees: _____

__ Check here if food will be provided or consumed at your event.

EVENT TIMING/RENTAL PERIOD: *Rental period includes renter's set-up and tear-down time.*

_____	_____	_____	_____	_____	AM	_____	AM
Day of the Week	Month	Date	Year	Start Time	PM	End Time	PM
_____	_____	_____	_____	_____	AM	_____	AM
Day of the Week	Month	Date	Year	Start Time	PM	End Time	PM

SPACE & EQUIPMENT:

Itemize below all spaces and equipment to be rented and complete applicable pricing on right. Payments via credit card will include a 3% processing fee.

- Auditorium *1 available/300 maximum occupancy* \$ _____
½ Day Rate: \$400 up to four hours Full Day Rate: \$750 up to eight hours
 - Neighbors Hub Café Area *1 available/30 maximum occupancy* \$ _____
\$100 per hour/1 hour minimum + \$75 cleaning fee
 - Mueller Room *1 available/25 maximum occupancy* \$ _____
\$50 per hour/1 hour minimum + \$50 cleaning fee
 - Sensory Room *1 available/10 maximum occupancy* \$ _____
\$50 per hour/1 hour minimum + \$50 cleaning fee
 - Children Classrooms *2 available/ 10 maximum occupancy* \$ _____
\$50 per hour/1 hour minimum + \$50 cleaning fee
 - Folding Chairs *Specify number needed: _____* N/C
 - 10' Round Tables *Specify number needed: _____* N/C
 - 3' x 6' Rectangle Tables *Specify number needed: _____* N/C
 - Audio & Video Equipment \$ _____
(\$100 Deposit + \$100 Rental Fee; operator must be approved.)
- Estimated Total Rental Fees: \$ _____
- 50% Deposit Required with Reservation or 30 Days in Advance: \$ _____

