



Return to: DIVISION OF FACILITIES MAINTENANCE  
 614 DIVISION STREET MS-6  
 PORT ORCHARD, WA 98366  
 360- 337-7161 rimus@co.kitsap.wa.us

## FACILITY RENTAL REQUEST APPLICATION

### PLEASE READ CAREFULLY AND COMPLETELY

This is a **request** for facility reservation. If accepted, a contract will be mailed to you. Please complete all information. The following information is requested by Kitsap County Facilities to assist in the review & consideration of your request to rent a room in the Givens Community Center. The accuracy & completeness of this application is essential. Incomplete information will result in a delay in the review of your application. Please be as detailed and specific as possible. Completion of this application is not a legal or binding commitment between the parties until a facility reservation contract has been executed and payment is received. **DO NOT SEND PAYMENT AT THIS TIME.** All requests are on a first come – first served basis. **NO DATE(S) WILL BE HELD UNTIL THE DEPARTMENT APPROVES THIS RENTAL REQUEST.**

**PRINT CLEARLY. COMPLETE ALL INFORMATION. MISSING INFORMATION WILL DELAY REQUEST REVIEW.**

➤ **Renter Information**

- Name of Organization/Renter: *(who is hosting the event)* \_\_\_\_\_
- Contact Name: *(who will sign the lease)* \_\_\_\_\_
- Mailing Address: *(where the contract/receipt will be mailed)* \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Event Day Contact: *(If different from above)* \_\_\_\_\_ Contact Phone: \_\_\_\_\_

➤ **Event Information**

- Event Name: \_\_\_\_\_
- Description of Event: *(Attach Separate Sheet If Necessary)* \_\_\_\_\_
- Room Requested: \_\_\_\_\_
- Requested Dates: \_\_\_\_\_
- Requested Time to First Enter Facility: \_\_\_\_\_ Requested Time to Exit Facility: \_\_\_\_\_

➤ **Additional Event Information**

- Estimated Attendance: \_\_\_\_\_ Is Event Open to the Public: Yes  No
- Paid Admission Event\*: Yes  No  Ticket Price(s): \_\_\_\_\_  
\*Five percent County admissions tax may apply and is payable upon completion of event to the County Auditor
- Registered 501(C) Non-Profit within the State of Washington? Yes  No
- Non-Profit Name: \_\_\_\_\_ Tax ID#: \_\_\_\_\_
- Will Food Be Served? Yes  No  Please describe: *(i.e. coffee/snacks, catered dinner)* \_\_\_\_\_

**DEPOSITS:** A Cleaning/Damage Deposit may be required. Providing there is no damage and the facility is left clean, deposits will be refunded within 20 business days following the event. Failure to perform all necessary clean up may result in the forfeit of the deposit and the charge of additional fees.

**PAYMENT:** All payments, including cleaning/damage deposit, are due in accordance with the schedule included in the Reservation Contract. Failure to adhere to the payment schedule may result in the reservation and contract being cancelled. **Once issued, failure to return the signed Facilities Reservation Contract and down payment before the contract expiration date will result in the reservation and contract being canceled.**

**ALCOHOLIC BEVERAGES:** No Alcohol is To Be Consumed On Or Near Premises.

**KEY CARDS:** A key card may be required for entry into the requested facility. A \$15.00 deposit will be assessed for each key card issued to the facility user and will be refunded when the key card(s) are returned to the Facilities Office.

**THIS APPLICATION HAS BEEN APPROVED BY:** \_\_\_\_\_

## GIVENS COMMUNITY CENTER

Room	Square Footage	Hourly Rate	Capacity
Gymnasium	2,320	\$35.00	99
Kitsap Room	2,304	\$35.00	99
190 chairs & 40 tables	6 foot	0	

\*There is also a kitchen off the Kitsap room available to rent at no extra charge and tables & chairs