



**MASON TRANSIT AUTHORITY
TRANSIT-COMMUNITY CENTER**
 601 W. FRANKLIN ST, SHELTON, WA 98584
 OFFICE: 360-426-9434 | FAX: 360-426-0899
 T-CC MANAGER, KATHY GEIST: 360-432-5754
Call for availability
Inquiries: kgeist@masontransit.org

REQUEST FOR FACILITY USE APPLICATION

PLEASE READ CAREFULLY AND COMPLETELY

This is a *request* for facility reservation. ***Please complete all information and print clearly. Incomplete information will result in a delay in the review of your application.*** The following information is requested to assist in the review and consideration of your request to rent facility space. 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. Once approved, a Facility Reservation Contract will be emailed to you confirming your request. Failure to return the signed Facility Reservation Contract and payment before the contract expiration date will result in the reservation being canceled.

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.

RENTER INFORMATION

Contact Name:	<i>(responsible party signing contract)</i>
Organization Name:	<i>(event host)</i>
Mailing Address:	
Daytime Phone:	Evening Phone:
Email:	

EVENT INFORMATION

Event Name:	
Event Description:	
Requested Date:	Number of Attendees:
Event Timeframe: _____ IN _____ OUT	<i>* Include set-up & clean-up time; events must end and be cleaned up by 1AM!</i>
Will food be served:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will alcohol be served/consumed:	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, additional insurance and State permit required.</i>

ROOM(S) REQUESTED*(Please mark desired room(s) & time usage by circling price points)*

Room Description				Fee Schedule				
AREA	SQ FT	SEATING CAPACITY	STANDING CAPACITY	0-2 HRS	2-4 HRS	4-6 HRS	6-8 HRS	ALL DAY
CONFERENCE/MEETING ROOM	800	25-35	-	\$40	\$65	\$120	\$165	\$165
KITCHEN	1311	-	-	\$60	\$95	\$125	\$155	\$190
ATRIUM	2454	-	-	\$80	\$120	\$155	\$235	\$275
GYMNASIUM	5238	240+seated	381	\$80	\$155	\$235	\$310	\$390

OPTIONAL HOURLY RATE @1/2 OF THE 0-2 HRS RATE**ADDITIONAL RENTAL ITEMS** *(Check box if you're interested in reserving any of the following rental items)*

Mason Transit Authority offers the following rental items at **no charge**. Availability will be confirmed in your Facility Reservation Contract.

<input type="checkbox"/>	Round tables that seat six per table; approximately 40 tables available.
<input type="checkbox"/>	Black event chairs; approximately 240 chairs available.
<input type="checkbox"/>	Gymnasium has a sound system, projector screen, and podium available.

COFFEE SERVICE*(Check box to indicate the amount of coffee you would like to have available)*

Mason Transit Authority also has coffee available for a fee at events on request. The coffee fee is based on a per cup usage. Please indicate the cups of coffee amount you would like to have available.

<input type="checkbox"/>	NONE
<input type="checkbox"/>	1-25 cups = \$10
<input type="checkbox"/>	25-50 cups = \$20
<input type="checkbox"/>	50-100 cups = \$50
<input type="checkbox"/>	100-300 cups = \$75



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HOLD HARMLESS AGREEMENT

RENTER INFORMATION	
Contact Name:	<i>(responsible party signing contract)</i>
Organization Name:	<i>(event host)</i>
Mailing Address:	
Daytime Phone:	Evening Phone:
Email:	

The organization/group/individual above stated agrees to defend, indemnify, and hold harmless Mason Transit Authority, its officers, employees and agents from any and all claims for injury to person (including death) or property arising out of, or in any way connected to its/our use of the rented Transit-Community Center space.

I have read and agree to the policies, rules and regulations of the Transit-Community Center Event Space Special Use.

Signature: _____ Date: _____

OFFICE USE ONLY

Application Approved: YES NO

If no, reason for denial: _____

Signature: _____ Date: _____

APPLICATION CHECKLIST

	Advanced <i>Non-Refundable</i> Rental Fee \$100.00 <i>(Date will not be held without completed reservation contract and required deposit)</i>
	Rental Packet: Request for Facility Use Application, Facility Reservation Contract, and Rental Clean-Up Agreement, Etc.
	Damage Deposit of \$_____ <i>(Refundable after event upon compliance with terms if applicable)</i>
	Rental Fee of \$_____ <i>(no later than 30 days prior to event)</i>
	Proof of Insurance <i>(no later than 30 days prior to event)</i>
	Proof of Alcohol Insurance Policy, <i>if applicable</i>
	Proof of Banquet Permit or Special Occasion Permit, <i>if applicable</i>



FACILITY USE CLEAN-UP AGREEMENT

RENTER INFORMATION	
Renter Name:	<i>(responsible party signing contract)</i>
Clean-up Person:	<i>(designated person responsible for clean-up)</i>

It is the RESPONSIBILITY OF THE RENTERS, AND/OR THEIR DESIGNATED RESPONSIBLE PARTY, TO SEE THAT THE FACILITY IS LEFT IN THE SAME CONDITION AS IT WAS RECEIVED PRIOR TO THEIR RESERVED TIME. The following items must be checked off upon completion of a renter’s event. **The renter and T-CC staff on duty shall sign the T-CC Rental facility use clean-up agreement checklist verification prior to the renter leaving the facility.** Any area not cleaned appropriately may result in all or part of the damage deposit being withheld.

Renter Responsibilities: **CHILDREN MUST HAVE ADULT SUPERVISION AT ALL TIMES!**

General Cleanliness:

1. Chairs shall be cleaned and returned to original location,
2. Tables shall be cleaned, folded and returned to original location,
3. All food, dishes, cups, beverages, tablecloths, etc. shall be removed,
4. All decorations and items brought into the facility shall be removed,
5. All counter tops, sinks, microwave, and areas used shall be cleaned,
6. **Floors surfaces shall be cleaned to the satisfaction of MTA staff on duty,** and
7. All trash containers must be emptied and relined.

The undersigned agrees to the above conditions of clean-up.

Renter Signature: _____ Date: _____

Clean-up Person’s Signature: _____ Date: _____

OFFICIAL USE ONLY

Refund Eligibility: YES NO PARTIAL REFUND TBD Refundable Amount: _____

Non-Refundable or Partial Refund Explanation: _____

Renter Signature: _____ Date: _____

T-CC Staff Signature: _____ Date: _____