

# Val Larson Family Resource Center

## Room Rental Request Form

Event Coordinator:	Activity: <input type="checkbox"/> Community Event/Meeting
Phone:	<input type="checkbox"/> BBNA Event/Meeting <input type="checkbox"/> Birthday
Email:	<input type="checkbox"/> Other: _____
Setup Time/Date(s)	Ending Time/Date(s)
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Key Card #

**All reservation packets must be picked up prior to rental.**

### Facilities/Equipment

Facilities	Hourly Rate	Use Hours	Estimate Cost
Multi-Purpose Room 24/7	\$20.00		
Small Conference Room (8am-5pm) M-F	\$20.00		
Custodian (Actual hours billed)	\$30.00		
Projector	\$10.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coffee/Water Pots	\$5.00 (for 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copies - B&W	.10 per copy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copies - Color	1.00 per copy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax - \$0.00 local number	\$1.00 per page long distance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimate Facilities and Equipment Costs			
<ul style="list-style-type: none"> <li>No Supplies will be provided this includes coffee, tea, sugar, cups, plates, pens, paper, and other.</li> <li>Loss of Key Cards will incur a <b>\$25.00</b> replacement fee</li> <li>BBNA Staff can copy of fax with own access codes</li> </ul>			

Billing Organization/Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Facility No Charge Request:

1. Is this event a BBNA Hosted Event?  Yes (go to question 2)  No (Full payment required)
2. At least half of the attendees are BBNA employees?  Yes (No Charge)  No (Full payment required)
- I would like to request a waiver of cost:  Yes  No
- (If yes: Please submit in detail why we should grant a waiver)

No Charge Approved    No Charge Disapproved

*Thank You*

**Jennifer Gardiner – PO Box 310 Dillingham AK 99576 – (907) 842-4059 – roomrentals@bnaahs.com**

## Facilities (Office Use Only)

### Prior to Rental

Approve    Disapproved (if Disapproved) Reason: \_\_\_\_\_

Rental Packed Completed

Email/Phone Calls to Event Coordinator

Changes to Rental:       Canceled by Renter    Canceled by BBNA

Date changes: \_\_\_\_\_

Other: \_\_\_\_\_

Facilities	Hourly Rate	Use/# of copies/pages	Actual Cost
Multi-Purpose Room	\$20.00		\$
Small Conference Room	\$20.00		\$
Custodian	\$30.00		\$
Projector	\$10.00		\$
Coffee/Water Pots	\$5.00 (for 2)		\$
Copies – B&W	.10 per copy		\$
Copies – Color	\$1.00 per copy		\$
Faxes	\$1.00 per page		\$
Key Card Replacement	\$25.00		
Damage	Actual Cost	Documentation required	
<b>Total Cost to be billed</b>			<b>\$</b>

### After Rental

Rental Packet Returned  With Key    Without Key

Facility  Cleaned    Custodian Required

Actuals Completed and sent to Accounting

I, \_\_\_\_\_, agree with the amount specified for billing.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_