



OlyCAP

10 West Valley Rd
PO Box 207 ♦ Chimacum, WA 98325 ♦ (360) 390-4014

**Tri-Area Community Center
ROOM RENTAL AGREEMENT**

Form CC104A Rev 07/2025

Date:

Group Name:

Contact Person:

Phone:

Mailing Address:

Email address:

2nd Contact:

Phone

Regular meeting Day/Time:

Room assigned:

of people involved:

Evening/weekend access
needed: Rental fee:

Group/Renter: Public Private Profit Non Profit Community
Population Served: Seniors Youth Both

Hold Harmless Agreement:

- OlyCAP's Community Centers provide meeting room space for programs and activities of an informational, educational, cultural or civic nature.
- First priority for the use of meeting rooms will be given to OlyCAP and Center sponsored activities.
- An adult representative of the group will be asked to assume responsibility for the period of use.
- Storage *may* be made available at the discretion of the Center Manager. Items stored are at renter's own risk.
- In issuing posters, press releases or other publicity, groups must avoid an inference that their program is sponsored, co-sponsored or approved by OlyCAP or the Community Center.
- Persons using the facilities at the Community Center do so at their own risk. By signing this agreement you also agree to hold harmless OlyCAP and its employees or representatives from any legal action resulting from this rental.
- No products, memberships or services may be advertised, solicited or sold, without the express permission of the Center Manager.
- No glitter allowed. \$250 cleaning fee.
- OlyCAP Community Centers are no smoking/vaping, no drugs and no alcohol use facilities.

X _____
Print

Date _____

X _____
Sign

This agreement expires on 12/31/2025



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**Tri-Area Community Center
RENTER'S AGREEMENT**

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Room Rate:

Type of Group	Dining Room	Room 102	Library	All rooms
For Profit	\$95.00	\$50.00	\$45.00	\$190.00
Private	\$75.00	\$45.00	\$35.00	\$155.00
Comm/Public Serv	\$45.00	\$30.00	\$25.00	\$100.00
501(c)(3)*	\$35.00	\$20.00	\$15.00	\$70.00
Other	No Fee			

* The 501(c)(3) rate requires that a copy of **certification from the IRS** be kept on file.

All rentals based on a max of 4 hour blocks of time.
Cleaning/Damage Deposit: \$25.00 _____ Payable separately via check.

Rental of the Kitchen is available with Approval of Center Manager . Please inquire.

Center Procedures:

- Food and beverages in dining room only.
- No smoking or vaping within 25 feet of building.
- No pets at any time in the building, unless they are service pets.
- ALL trash must be bagged and put into dumpster.
- Rooms are to be left clean and undamaged and arranged as you found them.
- Vacate building **BY** 9:00 P.M.

The responsible person agrees to:

- Monitor that all above procedures are followed.
- Meet with the Center Manager for the door code. (Office hours 9:00-1:00 M-F).
- Ensure the building is left clean, all doors locked, windows closed, lights shut off.

I have read the above procedures and I accept full responsibility for any damage caused as a result of my use or by the use of those under my supervision. I acknowledge that anyone entering the premises during my time of use comes within the scope of my responsibility.

Signature : _____

Organization: _____

Deposit Received ___na_____ Deposit Refunded _____ Receipt # _____

OlyCAP Staff : Jim Goettler