



ROOM USE AND RENTAL APPLICATION

The Language Door classroom is available for use during the week for meetings or small classes. The minimum reservation period is two hours. When reserving the room, include time in your request for set-up and clean-up. For information about availability, please contact us at 503-641-7950, 70.89.177.177 VP or info@thelanguagedoor.net.

Event Date: _____

Hours of Reservation: From: _____ To _____
 (Must include set-up and clean-up time.)

Organization/Individual Requesting Use: _____

Contact person: _____

Mailing Address: _____

City, State, Zip Code: _____

Day phone: _____ Evening phone: _____

Emergency Contact & Phone Number during event: _____

Type of Event: _____ Size of group: _____
 (May not exceed room capacity.)

Room Rental Fees:

The rental rates shown below are hourly rates. Fees charged will be based on ½ hour increments. The minimum reservation period is 2 hours. Include set-up and clean-up time in your reservation request.

Room configuration	Option 1 Lecture style Chairs only^	Option 2 Classroom Style Tables & Chairs~	Non-refundable Deposit	
Group A - Non-Profit Entity*	\$25	\$35	\$25	
Group B - For-Profit Entity	\$40	\$50	\$25	

* Verification of non-profit status required. ^ Max. 35 people. ~ Max. 20 people

Group _____ Option _____

Rate \$ _____ X # of Hours. _____ = \$ _____
 Deposit - non-refundable: _____ + \$25.00
 Total: \$ _____

Non-refundable deposit required with application. Balance due within ten (10) days of notification of acceptance.

Making a reservation:

- All reservations require submission of a Room Use Application. The person signing the application must be present at the event and will be responsible for ensuring the room use policies and procedures are followed.
- Applicants must be 21 years of age or older.
- Reservations may be made up to three (3) months in advance and must be made at least two (2) weeks in advance.
- Verification of liability insurance held by the organization or individual renting the classroom is required with Room Use Application.
- Reservation requests must include a \$25 non-refundable deposit to hold the space. Upon approval, the remainder of the balance will be due within ten (10) days of notification.
- If the rental fee has not been received during the ten day tentative reservation period, the room will be released and made available to others.

Cancellations:

Cancellations must be submitted in writing at least 4 business days prior to the first day of the scheduled event. A \$25 cancellation service fee will be retained for each event. All fees will be forfeited for cancellation received less than 4 days prior to the event.

The Language Door will make every effort to keep all reservations intact. In the event that The Language Door needs to cancel an event, every effort will be made to reschedule your event. If this is not possible, all fees will be refunded.

Submitting and Application:

The application, verification of liability insurance, verification of non-profit status if applicable, and non-refundable deposit, payable to The Language Door, may be mailed to The Language Door, P.O. Box 23998, Tigard, OR 97281-3998 or delivered to The Language Door, 8285 SW Nimbus Ave., Suite 112, Beaverton, OR 97008. Payment may be made with check, cash, or money order.

I agree to protect, indemnify, and defend The Language Door, its authorized agents, and all employees against any and all claims as a result of persons attending any function at the facility. This provision includes any expenses incurred by The Language Door defending such claim. I further understand that The Language Door, its authorized agents and all employees will not be held responsible for any lost or stolen articles, clothing, etc. as a result of persons attending any function at the facility.

I have read the Room Use Policies and Rental Procedures and the information on this form. I further agree to abide by the Policies and Procedures and I accept responsibility for any violations as they may pertain to the application.

Signature: _____

Print Name: _____ Date: _____

For Office Use Only			
Date Request Received: _____	Deposit: Check # _____	Check Amt: \$ _____	
Room use: _____	Approved _____	Disapproved _____	
Date Applicant Notified: _____	Notification via: _____		US Mail _____ Email _____
Request Processed By: _____			