



Meeting Room Rental Agreement

Name of Business/Individual: _____

Contact Name: _____

Billing Address: _____

Email _____ Phone# _____

Date(s) of Room Rental: _____

Time/Hours of usage (including set up & clean up): _____

Number of people anticipated: _____

Meeting Room Requested: _____

ROOM RENTAL FEE: \$ _____

Facility Rental Policy:

Payment: Your reservation is binding with a completed & signed contract. Payment is due in full upon the receipt of an invoice and prior to your rental date. Please read our cancellation policy below.

Cancellation Policy: You must cancel at least **48 hours** prior to room rental date to avoid cancellation fees. If cancellation occurs **24 hours** prior, a \$50 cancellation fee will be assessed. Cancellation must be received in writing or confirmed verbally with the Chester County Bar Association.

Access: Access to the facility is available during our regular business hours (8:30 am – 4:30 pm; Monday – Friday). If rental requires hours to be extended a staff fee of \$30 per hour will be assessed to include an additional ½ hour prior to and after event.

Event Promotion: Any public advertising of your event must state that: “This event does not necessarily reflect the mission/opinion of the Chester County Bar Association.” Please do NOT give our phone number as a contact for your event.

Food/Beverages: Food and beverage (including water) is not included in room rental. You are permitted to bring your own food and beverages. Upon request, we can provide the names and contact information for local caterers.

Clean up: You are responsible for your own set up and clean up. If additional cleaning of a meeting room is required directly after your usage, a cleaning charge (minimum charge of \$50) will be assessed.

Renter agrees to defend, indemnify and hold the Chester County Bar Association harmless from any and all liability for injury to persons or property occurring as a result of any activities and agrees to pay for any and all damage to the facility, building, equipment or furniture owned or controlled by the Chester County Bar Association, which results from any scheduled activities or is caused by any participant in any scheduled activities.

I have read, understand and agree to comply with the rules set forth regarding facility usage including the conditions listed above. I further agree that I am of legal age and will be personally responsible for the repair of damage to property or facilities and for replacement of stolen property.

Name: _____

Signature: _____ Date: _____

General Information:

Rental Confirmation: Please complete, sign and return Meeting Room Rental Agreement with payment to:

Email: tszabo@chescobar.org

Mail: Chester County Bar Association
Attn: Tyler Szabo
15 W. Gay Street
West Chester, PA 19380

Facility Maintenance: Please report any broken or malfunctioning features to Genya at 610-692-1889

Emergencies: In case of a facility emergency, please call 610-692-1889 or 610-429-5994

In case of life-threatening emergency, dial 911

Office use only: Invoice # _____ Invoice date _____ Amt. Paid _____ Date Paid _____