



RENTAL CONTRACT

UNIVERSITY SETTLEMENT AT THE HOUSTON STREET CENTER
 273 Bowery, New York, NY 10002 · Phone: 212-475-5008 · Fax: 212-475-4231

Authorized Representative Name:		Organization:		
Street Address:		Apt:	Email:	
City:	State:	Zip:	Phone:	
Contact Person:	Phone:		Email:	

Space Requested

(*all rates listed below are non-profit rates.*)

Date(s)	Day(s) of the Week (Mon, Tues, Wed, etc)	Start Time (including set up time)	End Time (including clean up time)	Total Time	Room Type: classroom (\$45-90/hr), seminar room (\$25-50/hr), multi-purpose room (\$25-60/hr), studio (\$45/hr)	Anticipated Attendance	Equipment Request

Food/Beverage

Will you be requesting permission to serve alcohol?

- No
- Yes list dates: _____

If yes, do you have event insurance?

- Yes (Proof will be required.)
- No

Will you be serving food?

- No
 - Yes
- list dates: _____

Will you have deliveries or catering?

- No
 - Yes
- list dates: _____
- restaurant/caterer: _____
- date/time of pick up: _____

Payment Schedule:

- Lump Sum
- Monthly
- Other – please specify (all other methods must be approved): _____

Make all checks payable to University Settlement.

University Settlement does not discriminate on the basis of race, color, national or ethnic origin, sex, disability, veteran status, age, sexual orientation, gender identity or gender expression in the administration of any of its programs or policies.

Signatures

By signing below, Client’s representative acknowledges that he/she has authority to enter into agreements on behalf of Client, and that he/she has received, read and fully understands the Terms and Conditions of the Rental Agreement and any documents included by reference.

Client Representative: (Print Name)	Center Representative: (Print Name)
Signature:	Signature:
Date:	Date:

Please return contract to: Attn: Space Rental, University Settlement, 273 Bowery, New York NY 10002