Facilities Request Form

** Requires 14 to 21 days for processing

Note: This form is a preliminary step only, and should not be considered as a confirmation of your rental

- All Rentals will be require to have a Certificate of Liability Insurance with limits of not less than $1,000,000.00.

Contact Information

Name of Organization /or Individual

Today’s Date _______________________

(Please spell out the full name of your organization)

Contact Person __________________________________ Email __________________________

Phone # (Day) __________________________ (Eve) __________________________ (Fax) _______________________

Billing Address __________________________________________

City __________________________ State __________________________ Zip _______________

Is this a Non-Profit Organization?  Yes  No  If yes, please submit Federal ID # _______________

Event Information

Event Title __________________________________________  *Do you have Insurance for this Event? _______________

Event Day(s) __________________________ Event Date(s) __________________________ How many people expected? _________

Time(s) Requested __________________ Actual Start Time of Event ______________ Actual End Time of Event ______________

Arrival time to start Set Up __________________________ Departure time after Clean Up __________________

Description of Event (meeting, conference, tournament, etc…) ______________________________________________________

Type of Facility Requested

Indicate Accommodation Requested

☐ GYMNASIUM (Full Gym)  ☐ WEIGHT ROOM  ☐ CAFETERIA / SR CENTER

☐ GYMNASIUM (Half Gym)  ☐ GAME ROOM  KITCHEN NOT AVAILABLE

☐ SMALL GYM / MULTIPURPOSE  ☐ CHAPEL NOT AVAILABLE

Equipment Requested - (Additional Fees may apply)

☐ SCORE BOARD (Gymnasium Only)  ☐ ROUND TABLES ____

☐ PORTABLE SCORE BOARD  ☐ CHAIRS ______

☐ SOUND EQUIPMENT (Sr. Center Only)

Please return this form to:

By Mail:  The Salvation Army
Seattle White Center
9050 16th Ave SW
Seattle, WA 98106

Drop off:  The Salvation Army
Seattle White Center
9050 16th Ave SW
Seattle, WA 98106

Phone: (206) 767-3150
Fax: (206) 767-9548
Email: jesus.zavala@usw.salvationarmy.org

FOR OFFICIAL USE ONLY

Date Received: _______________

Received By: _______________

APPROVED OR DECLINED BY:

Signature: _______________

Date: _______________

APPROVED / DECLINED

FEES TO BE CHARGED:

$_____ Hourly Rate

$_____ A One Time Use Service Fee

$_____ Cleaning Deposit

$_____ Rental Deposit