



## Conference Room Rental Application

Name of Applicant/Contact: \_\_\_\_\_

Name of Company/Group: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Room Requested: \_\_\_\_\_

Meeting time set-up will begin at: \_\_\_\_\_

Meeting clean-up will end at: \_\_\_\_\_

Purpose of use:

---

---

---

Projected attendance: \_\_\_\_\_

Equipment Provided:

- Television with wireless/bluetooth access
- 2 dry erase boards
- Rearrangeable Tables & Chairs
- Keurig coffee pot
- Tea Kettle
- Water

Catering from the Moon Cafe is available at cost to renter. Please contact [sage@thelaunchpadteencenter.org](mailto:sage@thelaunchpadteencenter.org) for more information.

I agree that the above statements are true and I agree that I have read, understood, and will honor all policies and information, including the attached General Use Room Rental Regulations which are a part of this agreement. I understand that The Launch Pad Teen Center is only expected to provide services and equipment identified and agreed to in this contract.

Printed Name of Applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Approval Printed Name: \_\_\_\_\_

Staff Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FEES:

Non-Profit Fee \$40.00/hour

For-Profit Fee \$60/hour

Payment must be submitted with application at the time of booking.

For questions please contact Suzanne King, Director of Operations.  
928)227-0758 ext.103  
suzanne@thelaunchpadteencenter.org