



FACILITY RENTAL AGREEMENT

___ Internal User
___ External User

Name of Renter/Group/Organization : _____

Address: _____

Phone Number: _____ Email Address: _____

Contact Person: _____

Date(s) and Time(s) of meeting the event: _____

Nature of meeting or event: _____

Room(s) being reserved: _____

Facility usage Fee: _____ Receipt No.: _____

The above-named renter, group or organization (1) acknowledges receipt, from MHHS, a non-profit and charitable organization, of Facilities Usage Policy, and has read and fully understands all guidelines, requirements, restrictions and other provisions set forth in the Facilities Usage Policy, which are incorporated herein by reference, (2) requests usage of MHHS facilities as indicated above, and (3) accepts, agrees to, and will in all respects fully and timely comply with MHHS Facilities usage Policy in connection with such usage, including all guidelines, requirements, restrictions and other provisions set forth, and such additional requirements and restrictions as may be communicated on behalf of MHHS to the above renter/group/organization prior to or in the course of such usage.

Date: _____ Signature: _____

Print Name: _____

Title: _____

Accepted by: _____
Printed Name and Signature

Date: _____