

**Rental Contract**

6651 SW Capitol Hwy., Portland, OR 97219 ▪ Tel: 503-244-0111 ▪ Fax: 503-245-4233 ▪ [www.oregonjcc.org](http://www.oregonjcc.org)

Lessee (individual or organization): \_\_\_\_\_

Event Title: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Contact person: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Alternate Contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**MJCC Exclusive Caterer:**

**Century Catering, Allen Levin- 503-849-2605 or [centurycatering@msn.com](mailto:centurycatering@msn.com)**

Upon receipt of this contract it is your responsibility to contact the caterer directly to make appropriate food, beverage and linen arrangements for your event.

Will there be alcohol at your event?  Yes  No

Do you expect to serve or sell food at your event?  Yes  No

If you are not serving food/beverage will you need white table linens?  
 Yes  No      Number of linens and table size(s)? \_\_\_\_\_

**Information about the event(s) for which you wish to rent space:**

Expected attendance: # adults \_\_\_\_\_ # children \_\_\_\_\_ age \_\_\_\_\_

Approximately how many parking spaces will you need for your event? \_\_\_\_\_

Person in charge at event: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant agrees to complete clean-up no later than: \_\_\_\_\_

**Please note:**

- All room capacities and setups follow fire code. See Rental Manager for details.
- Ballroom rentals include use of the stage, tables, chairs, a podium, and coats racks. (Set up costs may be involved, but use of these items is included in the rental rate.)
- If you plan to use our AV equipment please schedule an AV test a minimum of 48 hours prior to your event. Lessee may need to supply additional adapters, etc.

Room(s):	Dates(s):	Time(s):	Rate	Room Total
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**Sub-total = \$** \_\_\_\_\_

<b>Office Use Only:</b>			
_____	_____	_____	_____
CFO	Insurance	CSI	Allen

**Additional Charges/ Options:**

**Set up/ Clean up:**

Number of employees required: \_\_\_\_\_  
(\$30/ hr. per employee): \$ \_\_\_\_\_

**Staffing:**

Custodian (\$30/ hr.): \$ \_\_\_\_\_  
Guest Services (\$30/ hr.): \$ \_\_\_\_\_  
Security (\$30/ hr.): \$ \_\_\_\_\_  
Other (\$30/ hr. per staff person): \$ \_\_\_\_\_

**Equipment:**

Dance floor (\$135): \$ \_\_\_\_\_  
AV Package: \$ \_\_\_\_\_  
White table linen (\$6/ linen): \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**Sub-Total:** \$ \_\_\_\_\_

**Grand Total:** \$ \_\_\_\_\_

**Set up requests:**

**If this agreement is signed within 7 days of the event, payment is due in full.**

**Reservation Deposit (50%):** \$ \_\_\_\_\_ **Date Paid:** \_\_\_\_\_  
(due with contract)

**Balance Paid:** \$ \_\_\_\_\_ **Date Paid:** \_\_\_\_\_  
(balance due 7 days prior to event)

**Refundable damage/ cleaning deposit:** \$ \_\_\_\_\_

**Make checks payable to "MJCC."** Reservation will be confirmed by the MJCC upon receiving deposit. Please call to confirm reservation the business day before your event.

The undersigned agrees, for him/herself or on behalf of:

\_\_\_\_\_, to be responsible for the conduct of guests or participants in and around the premises and for any damage beyond normal wear and tear which may occur to this property incident to use or occupancy thereof. The undersigned further agrees that campus property will be used in accordance with the attached Terms and Conditions as well as all regulations of the Mittleman Jewish Community Center and Portland Jewish Academy, which Terms and Conditions and rules are incorporated herein by reference. The undersigned agrees to be responsible for any and all liability arising from use or misuse of MJCC property and holds the MJCC, PJA and their officers, agents, directors and employees harmless from any action arising from this occupancy. The MJCC reserves the right to cancel this agreement for urgent reasons or if the undersigned or guests or participants violate the attached Terms and Conditions. I have read and agree to all of the information on this application.

I certify that I am authorized to sign on behalf of the sponsoring organization listed above.

Individual or authorized representative of organization: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be 21 years of age or older)

MJCC Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Proof of insurance received: \_\_\_\_\_ By: \_\_\_\_\_  
Date