

**GATEWAY
HEALTH AND WELLNESS CENTER
BANQUET CONTRACT**

Please accept reservation of the undersigned for _____ person who will attend a private function at the Gateway Health and Wellness Center on the ____ day of _____, 20__ from _____ o'clock __m until _____ o'clock __m. This contract is by and between the Gateway Health and Wellness Center and _____ (hereinafter client). All reservations and agreements are subject to the rules and regulations of the Gateway Health and Wellness Center.

Deposit

A deposit is required at the time of signing your contract, which will be deducted from the final bill. A non- refundable payment of 50% of the event total is due on the date contract is signed. The balance of the event total is to be paid 30 days prior to the event. If the event is within 30 days or less, balance will be due within 10 days prior to the event.

Non-Profits/Members

All Non-profits must show proof of your non-profit status. Tax ID# _____
All of the above also applies to the non-profit organizations.

Payment

Payment from the undersigned, payable to the order of the **Community Property Development Corporation** in the sum of \$_____ is herewith tendered and shall be applied as a down- payment toward the rental cost of the function which is \$_____. Deposits are non-refundable. Payments must be made by cash, certified check # _____ or money order. **We cannot accept personal checks.**

Caterer's List

We have selected a wonderful choice of caterers to choose from for your upcoming event. **Non- Alcoholic beverages only.**

Ms Vicky's Catering
639 E. Long Street
Columbus, Ohio
614-258-2135

Ransier's Catering
1467 Crestwood Avenue
Columbus, Ohio 43227
614-354-3181

EDC Catering
Mr. James Culp, Owner
(614)477-3417

Johnson Catering
(614)793-2317

Gateway Health and Wellness Center reserves the right to control the noise level of live bands or DJs and the undersigned client is responsible for any damage to the facility occurring using the function. No affair will be permitted to exceed the time specified without prior written agreement. **If the time is exceeded, a fee of \$200.00 per hour will be charged.**

**Gateway Health and Wellness Center
Community Property Development Corporation**

Client Representative:

CPDC Rep: _____

Event/Organization _____

Date: _____

Contact:: _____

Phone # _____

E-mail _____

Address: _____

Signature _____

Date: _____

ADDITIONAL FEES TO BE PAID PRIOR TO EVENT

<u>REQUIRED FEES</u>			<u>Number</u>	<u>HRS</u>	<u>COST</u>
/_/_/	Facility Attendant(s)	\$15.00 per hr.	_____	_____	_____
/_/_/	Security Officer's	\$15.00 per hr.	_____	_____	_____
/_/_/	Room Setup Fee	\$20.00 per hr.	_____	_____	_____
/_/_/	Technical Operator	\$20.00 per hr.	_____	_____	_____
/_/_/	*Clean-up Cost	\$100-250	_____	_____	_____
TOTAL			_____	_____	_____

<u>NON- REQUIRED FEE</u>			<u>Number</u>	<u>HRS</u>	<u>COST</u>
/_/_/_	* Microphones	\$10 ea.	_____	_____	_____
/_/_/	Table Cloths	\$7 ea	_____	_____	_____
/_/_/	Napkins	\$.25 ea.	_____	_____	_____
/_/_/	Centerpieces	\$25-45.	_____	_____	_____
TOTAL			_____	_____	_____

- Clean-up cost is based on the number of guest.
 - Sound system is based on need
- Please contact Mr. Rodney Van Cleaf regarding your needs (614)557-1375

Rental Fees for the Multi-Purpose Room and Classrooms

	<u>Multi-Purpose 8 Hrs. Fri-Sat and Holidays</u>	<u>Multi-Purpose 5- 8 hrs. Sun-Thurs.</u>	<u>Multi-Purpose ½ Day (4 hrs.) Everyday Except Holidays</u>	
General Public	\$900	\$800	\$450	\$75 per hr.
Tenants/Non-profits	\$450	\$400	\$350	\$50 per hr.
Church Axillaries	-0-	-0-	-0-	-0-
Members	\$400	\$350	\$300	\$25 per hr.

Caterers: ----- 10% Proceeds for use of the kitchen-----

There is a \$200 deposit fee that will be refunded after the event if kitchen is left in good order

<u>Required Additional Fees(all Rentals)</u>		<u>Non-Required Additional Rental Items</u>	
Facility Attendants)	\$15.00 per hr.	Sound Systems	Based on needs
Security officer's	\$15.00 per hr.	Table cloths	\$10.00 (White only)
Room Set-up Fee	\$20.00 per hr.	Dishes/flatware	not available ATT
Technical Operator	\$20.00 per hr.	Centerpieces	\$15.00 - \$25.00
Clean-up cost	<u>100-150</u> -\$100.00 -----	<u>150-200</u> -\$150-----	<u>200-250</u> -\$200----- <u>250+</u> \$250

GRAND OPENING SPECIAL ----- THE ABOVE PRICES WILL BE HONORED THROUGH JUNE 2008

RENTAL POLICY GATEWAY HEALTH AND WELLNESS CENTER

- *Seating Capacity: 250 Banquet, Theater 500 Standing 600.*
- *Classrooms : 4 classrooms each seats 21*
- *8 hrs. Considered all day.*
- *50% down-payment made when room is reserved. 50% due 30 days prior to event.*
- *\$200 for the use of the kitchen which will be refunded if kitchen left in good order.*
- *Round tables that seat 8*
- *Three buffet tables*
- *There is no fee for chairs*
- *No alcoholic beverages allowed.*
- *All checks or money orders will be made to the Community Property Development Corporation*
- ***Members of St Paul A.M.E. Church and organizations of the church, the price of rental is for you or your immediate family only or for a function of that organization you represent. We ask that you select non-prime times and dates for your events. The full amount will be charged for these dates, i.e. month of December, New-years, Thanksgiving, month of June; otherwise you will be charged the normal rate.***