



**Ronald McDonald House**<sup>®</sup>  
Akron

## Community Room Rental Agreement

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GROUP/ORGANIZATION NAME

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CONTACT PERSON NAME

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CITY

STATE

ZIP CODE

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EMAIL ADDRESS

PHONE NUMBER

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EVENT DATE

START TIME

END TIME

**REMINDER: HALF DAY USE (UP TO 4 HOURS) \$150**

**FULL DAY USE (UP TO 9 HOURS) \$300**

**EVENT TYPE:**

- BUSINESS MEETING
- RETREAT
- BANQUET

- BUSINESS MEETING & TEAM BUILDING ACTIVITY
- CONFERENCE
- OTHER – PLEASE SPECIFY BELOW:

- Yes, I would like to have a Ronald McDonald House of Akron speaker explain the RMH mission.
- Yes, my guests would like to have a tour of the Ronald McDonald House of Akron.

## COMMUNITY ROOM REMINDERS

- The Ronald McDonald House of Akron does not have IT Support on site.
- If using Ronald McDonald House of Akron A/V equipment, I am aware I need to come prior to my event or earlier the day of to be sure I am set up on time for my event.
- You are responsible for providing and organizing all food and beverage.
- You are responsible for returning the Community Room to its original set up and free of trash on tables, countertops and floors.

## PAYMENT

\$50.00 deposit due within 14 days of receipt of this agreement to guarantee date.

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DUE DATE OF DEPOSIT

Remainder of fees due in full 48 hours prior to event.

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REMAINDER OF FEES

DUE DATE

CHECK (IN MAIL)

CREDIT CARD (FILL OUT BELOW)

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CREDIT CARD NUMBER

EXP DATE

CVC CODE

The undersigned hereby agrees to the above terms and acknowledges receipt of Agreement and Guidelines. A copy of the signed Agreement will be returned to you upon completion.

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CLIENT NAME

TITLE

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CLIENT SIGNATURE

DATE

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RONALD MCDONALD HOUSE OF AKRON REPRESENTATIVE

DATE