|  |  |
| --- | --- |
| For Verdant Use Only | |
| Room Confirmed |  |
| Added to Calendar |  |
| Follow-up Email |  |



**Verdant Community Wellness Center**

**Facility Request Form (WC 100)**

**CONTACT INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT/ORGANIZATION: | | | | |  | | |
|  | | | | | | | |
| EVENT CONTACT: | |  | | | | WORK: |  |
|  | | | | | | | |
| EMAIL: |  | | | | | CELL: |  |
|  | | | | | | | |
| RESPONSIBLE PERSON\*: | | | |  | | | |
| \* This is the person who will provide event information, sign the facility request form, pay applicable fees, and will be considered responsible in case of damage, theft or required cleaning fees incurred during facility use | | | | | | | |
|  | | | | | | | |
| MAILING ADDRESS: | | |  | | | | |

USER CATEGORIES:

Verdant funded program

Offering health & wellness-focused program content

Education and support programs that serve South Snohomish County residents

**SPACE & USE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HAVE YOU USED THE VCWC BEFORE?  Yes  No | | | | | | | | | | | EVENT OPEN TO THE PUBLIC?  Yes  No | | | | | |
|  | | | | | | | | | | | | | | | | |
| EVENT NAME: |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| EVENT DATE(S): | |  | | | | | | | | ONE TIME EVENT  or RECURRING EVENT | | | | | | |
|  | | | | | | | | | | | | | | | | |
| ALTERNATIVE DATE(S) IF UNAVAILABLE: | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| EVENT PURPOSE/DESCRIPTION: | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| ANTICIPATED ATTENDANCE: Total | | | |  | |  | Adults | |  | | |  | Children | |  |  |
|  | | | |  | |  |  | |  | | |  |  | |  |  |
| WILL YOU OFFER SUPERVISED CHILDCARE?  Yes  No | | | | | | | | IS THERE A FEE TO PARTICIPATE?  Yes  No | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| WILL GOODS/SERVICES BE SOLD AT THE EVENT?  Yes  No If yes, describe: | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |

**Facility hours: Monday through Saturday, 8 a.m. to 9 p.m.**

TIME REQUESTED:

Rental Start Time \_\_\_\_\_\_\_\_\_\_\_\_\_ Rental End Time \_\_\_\_\_\_\_\_\_\_\_\_\_ Attendees Arrival Time \_\_\_\_\_\_\_\_\_\_\_

(includes set up) (includes clean up)

SPACE REQUESTED:

Cedar Room Birch Room Sequoia Conference Room Cypress Conference Room Maple Teaching Kitchen

See Page 3 for details about room size and resources. Number of people a room will accommodate may vary depending on room configuration. If use of the Maple Teaching Kitchen is requested, additional forms, proof of insurance and damage deposit may be required.

**Verdant does not provide table/chair setup or teardown.**

I AGREE TO SET-UP AND RETURN TABLE/CHAIRS TO STANDARD LAYOUT  Yes  No

AUDIOVISUAL NEEDS:

LCD Projector  Screen  Microphone  Podium  Conference Phone  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Free WIFI available **Verdant does not provide technical assistance and is not responsible for setup of AV Equipment. Appointments are available to test your equipment ahead of your event.**

FOOD AND BEVERAGE:

|  |  |  |
| --- | --- | --- |
| Will you serve food and/or beverages?  Yes  No If yes, describe: | |  |
|  | | |
|  | | |
| Who will prepare the food? |  | |

**No profit-making activities or events will be considered.**

Deposits must be paid in full to confirm facility use and can be paid using credit cards, check or money order.

**AGREEMENTS**

INDEMNIFICATION/HOLD HARMLESS

The user shall indemnify and hold harmless the Verdant Health Commission, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of use of the VCWC or from any activity, work or thing done, permitted, or suffered by the user in or about the premises, except only such injury or damage as shall have been occasioned by the sole negligence of the Verdant Health Commission.

The Verdant Health Commission will not be responsible for lost, stolen or forgotten articles.

I have read and understand the rules and regulations for the VCWC and will take full responsibility to abide by those rules and regulations. I do hereby understand that I am responsible for the supervision and control of any group or individuals while using the VCWC to ensure their safety, prevent injury and/or damage to the equipment, property or grounds of the center. The applicant agrees to comply with all facility policies and procedures, and assume liability for any and all damages that are due to the negligence of the applicant.

Please fill out the information below, **including a personal signature**, and return to Verdant Health Commission:

* Scan and email to: [wellnesscenter@verdanthealth.org](mailto:wellnesscenter@verdanthealth.org)
* Fax to: (425) 582-8527
* Mail to: 4710 196th Street SW, Lynnwood, WA 98036

Authorized Signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

|  |
| --- |
|  |

Printed Name:

|  |
| --- |
|  |

Title:

|  |
| --- |
| **FOR VERDANT USE ONLY**  Deposit Applicable  Yes  No Apply Deposit to Future Events  Yes  No  Insurance Required  Yes  No Insurance on File  Yes  No  Deposit Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refund Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Verdant Community Wellness Center**

4710 196th Street SW, Lynnwood, WA 98036

Rooms and Resources

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCATION** | **ROOM** | **ROOM NAME** | **CAPACITY** | **RESOURCES IN ROOM** |
| 1st Floor | Large Training Room | Cedar | 50 with tables & chairs  65-70 with chairs only | Large screen, projection system, microphone/sound system, whiteboard, tack boards, podium |
| 1st Floor | Teaching Kitchen | Maple | 12-16 hands-on cooking  16-20 for demonstration | 2 screens that visualize the cooking surface, gas range,  double oven, microwave, cooking utensils/supplies |
| 2nd Floor | Classroom | Birch | 18-20 with tables & chairs  30 with chairs only | Drop-down screen, whiteboards,  coffee service center |
| 2nd Floor | Small Conference Room | Cypress | conference table  accommodates 4 | Whiteboard, sink |
| 2nd Floor | Medium Conference Room | Sequoia | conference table  accommodates 6-8 | Wall-mounted monitor, whiteboard |

|  |  |
| --- | --- |
| **Additional Resources/Technology Available for Check Out**  (On a first-come, first-served basis)   * PC Laptops – 2 available * Projector – 1 available (must be confirmed with Verdant) * Extra Tables * Extra Chairs * Conference Phone – 1 available | **Items to Bring With You, if needed**   * Laptop, cable and adapters if using your own technology * Flip chart paper and markers * Food and cooking supplies to use in the Maple Teaching Kitchen   (if items not provided on the kitchen equipment list) |

**For more information about scheduling a room at the Verdant Community Wellness Center**

**Visit: verdanthealth.org/VCWC or call (425)582-8600**