



Date(s) of Reservation _____

Total number of hours _____

Time of function Function starts _____ Function ends _____

Group/Entity name _____

Mailing Address _____

Contact name _____ phone _____ fax _____

(COFFEENET reserves the right to refuse rental to any person or entity)

Room Reservation and Rental Rates (check all that apply)		
Kitchen Rental		
	4:00-8:00 Mon - Friday	9:30 – 8:00 Saturday
Kitchen Rental –Stoves, Sinks, Prep, Ice, Lite Refrigeration Storage (No freezer use)	\$9.00 per hour <input type="checkbox"/>	\$9.00 per hour <input type="checkbox"/>

Room Rate _____ x _____ hours (round to nearest ½ hr) = _____

Equipment Hourly Rental Rate _____ x _____ hours (round to nearest ½ hr) = _____

Equipment Event Rental Rate _____ x _____ hours (round to nearest ½ hr) = _____

Tax = _____

TOTAL = _____

Your room reservation is confirmed upon receipt of the signed Contract Agreement and room deposit. The room deposit is usage at the prescribed rate.

CLEANING DEPOSIT

As an incubator participant, we expect that you will leave the kitchen in spotless condition. At the first incidence of the kitchen being left unclean, you will be charged \$50.00 for cleaning. Upon subsequent rentals, you will have to pay for a cleaning deposit. AFTER 6 months of utilizing the incubator and leaving the kitchen in good, clean condition, and the equipment is fully operationa, your deposit will be refunded. If the room requires cleaning, or if the room or equipment require repair due to negligence on behalf of the rental party, a portion or all of the deposit will be retained by COFFEENET for such work. The rental party shall be responsible for damages or repairs that exceed the \$50 cleaning and/or the security deposit (see final settlement).

FINAL SETTLEMENT

A final statement will be sent to you for any incidental charges incurred. The statement will reflect the total charges, less payments received. Payment shall be due fifteen (15) days from statement date.

CANCELLATION POLICY

Cancellations must be in writing and received fifteen (15) days prior to the function for a full refund for all events involving catering, kitchen rental, require closing of the CoffeeNet facility, or rent longer than 2 hours. Written cancellations received fewer than fifteen (15)



days prior to the function will receive a 50% refund of room rental fee (equipment rental fee and cleaning/security deposit will be fully refunded). All other types rental must be cancelled in writing 72 hours prior to the function to receive a full refund. Written cancellations for these types of rentals received fewer than (48) days prior to the function will receive a 50% refund of room rental fee (equipment rental fee and cleaning/security deposit will be fully refunded).

(Note: COFFEENET reserves the right to cancel with seventy-two [72] day's prior written notice.)

OPERATIONAL CONDITIONS:

1. Kitchen Hours: Monday – Friday, 4:00 p.m. to 8:00 p.m., Saturday 9:30 p.m. to 8:00 p.m. Advance set-up and cleanup must be accomplished within these hours.
2. Food & non-alcoholic beverages are permitted. Alcohol is not permitted.
3. Smoking is prohibited in the meeting room, hallways, and restrooms.
4. Sub-letting of the room is not permitted.
5. No outside equipment may be used without the prior written consent of COFFEENET.

CONTRACT AGREEMENT

Signing this contract agreement constitutes approval and acceptance of all details stated herein. This agreement must be signed and returned to COFFEENET fifteen (72) hours (or more) for reservation to be confirmed. Cancellation in less time will cause, participant to incur full charges. This agreement will be valid and binding upon acceptance and execution by COFFEENET.

Approved/Accepted by _____ / _____

Print name of Responsible Party _____ Signature _____

Approved/Accepted by _____ / _____

Print name of COFFEENET Representative _____ Signature _____

INDICATE YOUR METHOD OF PAYMENT

AMOUNT PAID \$ _____

CASH _____ Check _____ (\$25 returned check fee) Amer Ex Master VISA (fax charges to 871-8911)

CHG CARD # _____ EXP _____ - _____
MON YEAR

Name as it appears on credit card:

Zip Code of Card (Billing Statement Address):

3 digit Security Code:

Fax Completed form to 866-486-3591 or bring in to your local CoffeeNet