Request Form

FISH Food Bank Meeting Room

Facility Use Fee Schedule

Non Profit Family For Profit

Meeting Room only:

All day - $75 $100 $150

4 hours or less $50 $75 $100

Kitchen (additional) $50 $75 $75

Fees shall be paid in advance. Fees may be adjusted or waived for non-profits or events that directly support the hunger related ministries of FISH and Asbury Our Redeemer. A refundable cleaning deposit of $50 will be requested of all groups.

Use of the facility will include the use of tables, chairs and audio visual equipment in the meeting room. Room capacity is 100. Groups are expected to complete the check list in order to receive the cleaning deposit back. The organization using the facility assumes responsibility for any damages that may occur while using the facility.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person or Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non profit \_\_\_\_\_\_ Family\_\_\_\_\_\_\_\_ For Profit \_\_\_\_\_\_\_\_\_\_\_\_

Number of people expected \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of event/meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Open to public?\_\_\_\_\_\_\_ Admission? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional requests or comments (if using kitchen name of food handler permit holder)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All requests should be made at least one week in advance. You will be responsible for any damage to the facilities as a result of the event. Enclosed check out sheet must be completed.

Inquiring about the room does not imply a reservation has been made. Until this signed application and deposit has been received and approved the reservation is not considered confirmed.

*I have read and agree to the attached policies for the use of the FISH facilities.*

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit to: [office@hoodriverchurch.com](mailto:office@hoodriverchurch.com) or mail to Asbury Our Redeemer Partnership, 1140 Tucker Rd, Hood River, OR 97031.

Office Use:

Calendar clear\_\_\_\_\_\_\_\_\_\_\_ Permission granted\_\_\_ Denied\_\_\_\_\_

Fee received\_\_\_\_\_\_\_\_\_\_ Waiver granted\_\_\_\_\_ Denied \_\_\_\_\_\_

Cleaning/damage deposit\_\_\_\_\_\_\_ Date returned\_\_\_\_\_\_-

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7/14/2015