



**MASON TRANSIT AUTHORITY
TRANSIT-COMMUNITY CENTER**

601 W. FRANKLIN ST, SHELTON, WA 98584

OFFICE: 360-426-9434 | FAX: 360-426-0899

T-CC Building Superintendent, STEVE WEISENBACH: 360-432-5758

Call for availability

Inquiries: [swaisenbach@masontransit.org](mailto:sweisenbach@masontransit.org)

REQUEST FOR FACILITY USE APPLICATION

PLEASE READ CAREFULLY AND COMPLETELY

This is a *request* for facility reservation. ***Please complete all information and print clearly. Incomplete information will result in a delay in the review of your application.*** The following information is requested to assist in the review and consideration of your request to rent facility space. Completion of this application is not a legal or binding commitment between the parties until a facility reservation contract has been executed and payment is received. Once approved, a Facility Reservation Contract will be emailed to you confirming your request. Failure to return the signed Facility Reservation Contract and payment before the contract expiration date will result in the reservation being canceled.

DO NOT SEND PAYMENT AT THIS TIME. All requests are on a first-come, first-served basis.

NO DATE(S) WILL BE HELD UNTIL THE DEPARTMENT APPROVES THIS RENTAL REQUEST.

RENTER INFORMATION

Contact Name:	(responsible party signing contract)
Organization Name:	(event host)
Mailing Address:	
Daytime Phone:	Evening Phone:
Email:	

EVENT INFORMATION

Event Name:	
Event Description:	
Requested Date:	Number of Attendees:
Event Timeframe: _____ IN _____ OUT	* Includes set-up & clean-up time; events must end and be cleaned up by 10:00PM!
Will food be served:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will alcohol be served/consumed:	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, additional insurance and State permit required.

FEE SCHEDULE

AREA	SQ FT	MAXIMUM CAPACITY	HOURLY RATE 0 – 6 hours	ALL DAY RATE 6-10 hours
CONFERENCE/MEETING ROOM	800	61	\$ 30.00	\$ 195.00
DINING ROOM	711	37	\$ 20.00	\$ 135.00
KITCHEN	300	6	\$ 35.00	\$ 225.00
KITCHEN & DINING ROOM	1011	43	\$ 45.00	\$ 285.00
ATRIUM	2454	182	\$ 20.00	\$ 135.00
GYMNASIUM	5238	381	\$ 50.00	\$ 400.00

COMMUNITY NON-PROFIT PROGRAMS ARE ELIGIBLE FOR \$ 25.00 per hour for the GYM

For some events a **damage/cleaning deposit of \$300.00** is required at least 24 hours prior to the event. This deposit will be returned to the renter at the completion of event, if the facility is returned in good order. A T-CC representative will inspect the facility upon completion of the event and will determine if all cleaning requirements have been met as stated in the application packet. Failure to meet agreed upon conditions may result in forfeiture of some or all of the damage deposit.

All events must end and be cleaned up by 10:00PM !

ADDITIONAL AMENITIES

Mason Transit Authority offers the following event items at ***no charge***. Availability will be confirmed in your Facility Reservation Contract. Please check box if interested in an item.

	Round tables that seat six per table; approximately 40 tables available.
	Black event chairs; approximately 240 chairs available.
	Gymnasium has a sound system, wireless microphones, projector screen and podium available.



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HOLD HARMLESS AGREEMENT

RENTER INFORMATION

Contact Name:	<i>(responsible party signing contract)</i>
Organization Name:	<i>(event host)</i>
Mailing Address:	
Daytime Phone:	Evening Phone:
Email:	

The organization/group/individual stated above agrees to defend, indemnify, and hold harmless Mason Transit Authority, its officers, employees and agents from any and all claims for injury to person (including death) or property arising out of, or in any way connected to its/our use of the rented Transit-Community Center space.

I have read and agree to the policies, rules and regulations of the Transit-Community Center Event Space Special Use.

Signature: _____ Date: _____

OFFICE USE ONLY

Application Approved: YES NO

If no, reason for denial:

Signature: _____

Date: _____

APPLICATION CHECKLIST

	Advanced <i>Non-Refundable</i> Rental Fee \$100.00 <i>(Date will not be held without completed reservation contract and required deposit)</i>
	Rental Packet: Request for Facility Use Application, Facility Reservation Contract, and Rental Clean-Up Agreement, Etc.
	Damage Deposit of \$ 300.00 <i>(Refundable after event upon compliance with terms if applicable)</i>
	Rental Fee of \$ _____ <i>(no later than 7 days prior to event)</i>
	Proof of Insurance <i>(no later than 7 days prior to event)</i>
	Proof of Alcohol Insurance Policy, <i>if applicable</i>
	Proof of Banquet Permit or Special Occasion Permit, <i>if applicable</i>



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FACILITY USE CLEAN-UP AGREEMENT

RENTER INFORMATION	
Renter Name:	<i>(responsible party signing contract)</i>
Clean-up Person:	<i>(designated person responsible for clean-up)</i>

It is the RESPONSIBILITY OF THE RENTERS, AND/OR THEIR DESIGNATED RESPONSIBLE PARTY, TO SEE THAT THE FACILITY IS LEFT IN THE SAME CONDITION AS IT WAS RECEIVED PRIOR TO THEIR RESERVED TIME. The following items must be checked off upon completion of a renter’s event. **The renter and T-CC staff on duty shall sign the T-CC Rental facility use clean-up agreement checklist verification prior to the renter leaving the facility.** Any area not cleaned appropriately may result in all or part of the damage deposit being withheld.

Renter Responsibilities: **CHILDREN MUST HAVE ADULT SUPERVISION AT ALL TIMES!**

General Cleanliness:

1. **Chairs shall be cleaned and returned to original location;**
2. **Tables shall be cleaned, folded and returned to original location;**
3. **All food, dishes, cups, beverages, tablecloths, etc. shall be removed;**
4. **All decorations and items brought into the facility shall be removed;**
5. **All counter tops, sinks, microwave and areas used shall be cleaned;**
6. **Floors surfaces shall be cleaned to the satisfaction of MTA staff on duty; and**
7. **All trash containers must be emptied and relined.**

ALL CLEANUP MUST BE COMPLETED BEFORE END OF RENTAL TIME!

The undersigned agrees to the above conditions of clean-up.

Renter Signature: _____ Date: _____

Clean-up Person’s Signature: _____ Date: _____

Damage Deposit Action : OFFICIAL USE ONLY

Date Paid _____ Check No. _____ Amount: \$300.00

Date Refunded _____ Check No. _____ Partial refund amount TBD: _____ Receipt # _____

Renter Signature: _____

T-CC Signature: _____