



JACCC CONFERENCE & MEETING ROOMS
FACILITY USE APPLICATION

1. Date of Event: _____ Hours of Event: _____ to _____

2. Name of Event: _____

3. Organization/Individual: _____ Telephone: () _____

[] JACCC Tenant [] Non-Profit [] Commercial / Private

4. Contact Person: _____ Telephone: () _____

Mailing Address: _____ Facsimile: () _____

City _____ State _____ Zip _____ Email: _____

5. Total Duration of Event (including set-up and clean-up): Time In: _____ Time Out: _____

6. ROOM REQUESTED:

- [] Garden Room A
[] Garden Room B
[] Conference Room A
[] Conference Room B
[] Conference Room C
[] Conference Room A, B & C
[] Conference Room 203
[] Library Conference Room
[] Japanese Cultural Room
[] Conference Room 410

7. Estimated Number of Attendees: _____

8. Number of Tables requested: _____

9. Number of Chairs requested: _____

10. Additional Services & Equipment requested:

Terms of Room Rental:

- Room reservations must be made in writing at least two weeks before scheduled date, or room reservation will be cancelled.
- Cancellations must be made at least 24 hours in advance for 50% refund.
- If food is to be served, there will be an additional 50% food surcharge on total room rental fee as a cleaning charge.
- Turn off lights and make sure room is clean and in order before you leave.
- If you use electrical appliances, please make sure they are turned off when you leave.
- No alcoholic beverages shall be served, unless liability insurance is provided.
- The lessee agrees to hold harmless the Japanese American Cultural and Community Center with respect to injury to person or property in or about the premise or arising out of use of the premise by lessee.

* * * * * NOTICE * * * * *

Completion of this application does not constitute a confirmed facility reservation. Only after a Rental Contract has been executed and payment received can a rental request be considered a confirmed reservation.

For more information, please contact Marlene Lee at (213) 628-2725 ext. 113.

RETURN TO:

JACCC • 244 So. San Pedro Street, Suite 505 • Los Angeles, CA 90012 or by FAX (213) 617-8576, attention: Marlene Lee

Name of person completing this form: _____

Title/Affiliation: _____ Organization: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

CONFIRMED DATE: _____ INVOICE NO.: _____

BILLED ON: _____ PAID ON: _____ CHECK NUMBER: _____