



“The WCA serves the entire North Shore Community with meaningful educational and recreational programs. The WCA is a gathering place where children, teens, adults and seniors are encouraged to engage in meaningful social activities that stimulate and support individuals and community.”

TABLES AND CHAIRS AGREEMENT

Thank you for your interest in using our facilities. Please return completed form to WCA Office: 66-434 Kamehameha Hwy, Haleiwa, HI 96712. Our phone/fax is (808) 637-4606. Email: wca96712@hawaii.rr.com

Section 1 – Applicant

Organization/Name: _____
 Contact Name: _____ Email: _____
 Best Contact Phone: _____ Alt Ph: _____
 Mailing Address: _____
 City/State/Zip: _____

Section 2 – Rental Details

Start Date: _____ 20____ Return Date: _____ 20____
 Time: _____ AM/PM Time: _____ AM/PM
 Number of Chairs Requested: _____ Number of Tables Requested: _____
Security Deposit: \$100.00 paid at signing of agreement
 Cost per chair: \$0.30(on WCA premises) x _____ = _____
 Cost per table: \$3.00(on WCA premises) x _____ = _____

Section 3 – Security Deposit and Payment

The applicant will pay \$100.00 security deposit payable via check or money order upon WCA’s receipt of this form to secure the day(s) of rental. Failure to provide payment along with this form will nullify the agreement with WCA and the tables and chairs will again become available to others. The balance of \$_____ will be paid 10 days prior to rental date. If rental date is less than 10 days, balance is due in full at signing of this agreement.

 Signature of Authorized Person

 Date

 Print Name



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Section 3 – Terms and Conditions

The term “Renter” used herein will in all cases mean the person or entity indicated by the signature on this contract. If the entity is not a partnership, joint venture, for profit or non-profit organization duly organized and registered with the Department of Commerce and Consumer Affairs, State of Hawaii, the term will also include the specific individual or individuals executing this agreement and in such cases no attempted limited endorsement will be effective.

Coordination of rentals must be made through the Office Manager of the WCA with sufficient notice of changes or cancellation. There is will be a \$25.00 cancellation charge for no shows. There will be a \$25.00 return check fee on any payment returned for non-sufficient funds. For each table not returned and/or returned broken, “Renter” will be charged \$130.00 each. For each chair not returned and/or returned brown, “Renter” will be charged \$20.00 each. “Renter” must provide own labor to set up and tear down of tables and chairs.

“Renter” holding this agreement indemnifies the Waiialua Community Association from any conflict, personal injury or damage to anyone during the use of the WCA tables and chairs. The “Renter” holding and event using the WCA tables and chairs is responsible for the behavior of their participants.

I agree to the above terms and conditions and will indemnify the WCA from any conflict, personal injury or damage to anyone during the use of the WCA tables and chairs. I am authorized to sign this on behalf of my Organization/Group.

Signature of Authorized Person

Date

Print Name

For WCA Office Use Only

Deposit Rec'd on (date): _____ Receipt#: _____

Balance Owed: \$ _____ Balance Paid Date: _____ Receipt#: _____

Of Chairs Rtn: _____ # of Tables Rtn: _____

Final Approval by (Exec Comm.): _____ Date: _____