Port of Pasco Application for Use of Osprey Pointe Conference Room



Thank you for considering the Port of Pasco for your event. Please complete the application in fully. This will assist us in meeting your needs. If you have questions, please contact: Shannon Kruiswyk at 509-547-3378, or e-mail Skruiswyk@portofpasco.org

Organization (name)		
Address/City/Zip		
Event Coordinator (contact p	erson)	
Address/City/Zip		
Phone (hm.)	(wk.)	(cell)
E-mail		(fax)
EVENT INFORMATION		
Type of event or activity (busi	ness meeting, training, etc.)	
Date of event	Start time	*End time:
*Requested Set-up: date & tir	ne	
Estimated number of attendees		
	VAILABLE (MARK THE ROOM(S) ty – 74 Person Capacity – Maximum	NEEDED):
•	Capacity - Maximum	
EVENT PROFILE		
Please describe in detail your of	event or activity - include type of event a	nd audience.

Application For Use of Osprey Pointe Conference Room - Continued

**FEE INFORMATION: Please make payment in accordance with Section II of the Osprey Pointe Public Use Policy.

Rental Fee per day - non-refundable (Per Room)	\$50 x # of days	
Projector fee per day - non-refundable (not available in Rotunda)	\$50 x # of days	
Damage Deposit-Refundable-Only for food service/catering or if open to pub	lic. \$300	
	TOTAL DUE	
If applicable, send damage deposit refund to:		
Name/address/city/zip		
I make application to the Port of Pasco for the use of the Osprey Pointe E Room 225 described above and certify the information is correct. I have Policy and agree to exercise care and safety in the use of the facility and Port of Pasco from all liability and medical expenses resulting from the I have read and understand the requirements for rental of the Port of Pasche rules outlined in the Public Use Policy. I further agree to pay in advicequest. Cancellations must be received in writing by this office no later than 14 capplicant forfeits all rental fees.	e received a copy of the property and to hold har use of the facility and/or co facility and agree to a ance any fees associated	Public Use mless the property abide by I with the
Signature of Responsible Party:Date	e:	
Signature of Responsible Party:Date The responsible party that signs the reservation is the only person who reservation no later than 14 days prior to the event.		
The responsible party that signs the reservation is the only person who	can request a modificat	
The responsible party that signs the reservation is the only person who reservation no later than 14 days prior to the event. Please return this form, \$300 Check Deposit, and all app	can request a modificate licable fees to: d., Suite 201, Pasco, WA	the user.
The responsible party that signs the reservation is the only person who reservation no later than 14 days prior to the event. Please return this form, \$300 Check Deposit, and all app Port of Pasco, Attn: Office Administrator, 1110 Osprey Pointe Blvd Reservation Confirmation Reservations are not confirmed until a Port representative has signed and returned registration form must be completed for each time the conference room is use	can request a modificate licable fees to: d., Suite 201, Pasco, WA ed the reservation form to d. Reservation requests m	the user.



Port of Pasco Hold Harmless Agreement

Name of Organization:	
Name of Event Coordinator:	
at	(location)
on	(date)
indemnify, and hold the Port of Pasco, its Commissioners, officers, free and harmless from and against any and all losses. Claims, liens every kind and character including, but not limited to, the amount o costs and legal fees incurred by the Port of Pasco arising in favor of debts, personal injuries, death (including employees of the Port of P (including property of the Port of Pasco) and without limitation by edemands of every character occurring in or anywise incident to, in conditrectly out of the use of the patio and open space at Osprey Point	s, demands and causes of action of f judgment, penalties, interest, court any party, including claims, liens, asco), or damages to property enumeration, all other claims or connection with or arising directly or
corgani respond to, provide defense for and defend any such claims, demand agrees to bear all other costs and expenses related thereto; even if the groundless, false or fraudulent. In any case in which such indemnification the Port of damage arising out of bodily injury to persons or damage from the sole negligence of the Port or its employees.	ne claims, demand, or suit is ication would violate any applicable on shall not be construed to indemnify
I,	
Signature of Event coordinator:	
Date:	

Port of Pasco Planning Form for Osprey Pointe Conference Room

Please answer the questions below as fully *as* possible and return the form to the Port of Pasco with your application.

Question	Yes	No	Port of Pasco approval (initial) and
			comments. If needed, please
Will tables and above he required? (Dort	1	+	attached additional paper
Will tables and chairs be required? (Port			
has I0 tables & 40 chairs available)			
Will additional tables & chairs be rented			
(organizer's responsibility)			
Will the AV equipment be used?			
Mon-Fri; 7 a.m. to 4:00 p.m. only (\$50			
per meeting, per day fee applies)			
Will food be served?			
		1	
Will the food be catered?			
Please list Caterer:			
Will alcohol be served?			
XX711.41 1 1 1 C 0			
Will there be room decorations?			
Will there he special equipment used?			
Will there be special equipment used?			
Will the deck be used?			
Will there be a need for additional space			
outside of the conference room?			
Will electricity be required?			
Will attendees be charged a fee?			
Will donations be collected?		1	
will donations be conected?			
Will solicitation take place?			
-			
		•	

I acknowledge I have read the Pasco Municipal Code Chapters and Ordinances that may apply to the event being planned. I accept and agree to abide by all conditions of the PMC and Ordinances, and I am responsible for obtaining all permits that are required for the event. I will provide proof of all permits required to the Port of Pasco 21 days prior to the event date.

Event Coordinator Signature	Date
Event Coordinator Signature	Date

Application Checklist for use of Osprev Pointe Conference Room For your use only.

1. I have read the Public Use Policy and understand the requirements for the event	(Initial)
2. The Application for Use of Osprey Pointe form is completed fully, signed and dated	
3. The questionnaire is completed, signed and dated	
4.The Hold Harmless Agreement is signed and dated	
5.Room rental fee: Payment method is check/cash_ or online	
6.AV rental fee: included in room rental fee?	
7.Refundable Damage Deposit - Only for food service/catering or if open to public.	
8. Application Checklist (this sheet) - is signed and dated by the Office Administrator	

Please forward the above items to the Port of Pasco

(check payments only...Pay to the order of: Port of Pasco)

Mailing and dropping off:
Port of Pasco
Attn: Office Administrator
1110 Osprey Pointe Blvd. Suite 201
Pasco, WA 99301

For Questions Call - 509-547-3378