



Northside Education Center  
707 Farenthold  
El Campo, TX 77437

T: (979) 543-6750  
F: (979) 543-6727  
Email: [northside\\_center@yahoo.com](mailto:northside_center@yahoo.com)  
Website: [www.northsidecenter.com](http://www.northsidecenter.com)

## NORTHSIDE EDUCATION CENTER AGREEMENT FOR USE OF A MEETING SPACE

**Application Date** \_\_\_\_\_

Classroom Requested \_\_\_\_\_

Date Room is requested: Su Mo Tu We Th Fr Sa \_\_\_\_\_

Start Time of Event \_\_\_\_\_ End Time of Event \_\_\_\_\_

Beginning Time of Use \_\_\_\_\_ Ending Time of Use \_\_\_\_\_

(Please allow sufficient setup/cleanup time. You will be charged for these hours)

Expected Attendance

Description of Room Use in detail, including other requirements (e.g., A/V, set-up)

Name of Organization \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

### NEC Classroom Fee Schedule

### Hourly Rate

Main Classroom, Board Room

\$30

Computer Laboratory

\$35

Non-profit discounts are available at 50% of commercial rates.  
Recurring meetings and extended retreats may also earn discounts.  
Additional services may be arranged by agreement, including audio-visual equipment, easels, kitchenette use, and room set-up.



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1. Is this group a non-profit organization? YES /NO If so, please give your federal tax ID number

2. Is there a fee for people to attend? Please detail YES /NO

3. Will refreshments be served or consumed? Please detail YES /NO

*I affirm that I have read and will abide by the policies outlined in the "Policies for NEC Meeting Rooms," which rules are deemed a part of this Agreement. This Agreement is accompanied by proof of liability insurance and valid credit card guarantee for damage deposit.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FEES – DUE WITH RESERVATION**

Classroom being rented \_\_\_\_\_

Rent for classroom \_\_\_\_\_ hrs. x \$ 30 = \$ \_\_\_\_\_

Other fees \_\_\_\_\_ hrs. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
\_\_\_\_\_ hrs. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL DUE = \$ \_\_\_\_\_



Check Enclosed

Check no. \_\_\_\_\_

\*\*\*\*\*

**PROOF OF INSURANCE:** Date received \_\_\_\_\_

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**DAMAGE DEPOSIT**

This credit card guarantees that the classroom and/or equipment will be left in excellent condition.

Credit Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_