

**WILDE LAKE INTERFAITH CENTER, INC.
10431 TWIN RIVERS ROAD
COLUMBIA, MD 21044
410-730-7920
410-730-9253 (FAX)**

ROOM RESERVATION AGREEMENT

Wilde Lake Interfaith Center, Inc., (Lessor) agrees to reserve use of the room(s) listed below for the undersigned Lessee:

NAME/GROUP: _____

EVENT: _____ **#PEOPLE** _____

BILLING ADDRESS: _____

TELEPHONE: _____ **FAX** _____ **EMAIL** _____

PURPOSE: _____

DATE OF EVENT: _____ **TIME:** _____

(PLEASE ATTACH LIST OF MULTIPLE DATES ON SEPARATE SHEET)

ROOM(S) # REQUESTED _____ **FEE:** _____

ROOM DEPOSIT*: _____

EQUIPMENT RENTAL: _____

DIAGRAM PROVIDED FOR SETUP: YES _____ **NO** _____

This contract is issued with the understanding that the Lessee will be held responsible for complying with the Terms of Agreement listed on the back of this Agreement.

AGENT FOR WILDE LAKE INTERFAITH CENTER, INC

DATE

LESSEE OR AGENT FOR LESSEE

DATE

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***NON-REFUNDABLE ROOM DEPOSIT OF 25% DUE WITH CONTRACT.
BALANCE DUE TWO WEEKS PRIOR TO EVENT.**