

ROOM RESERVATION REQUEST FORM

Requested Date _____

Requested Time _____

Contact Name

Business Name

Street Address

Street Address Line 2

City

State

Zip Code

Phone Number

Email Address

Available Rooms (Please select the appropriate room)

River View Room – accommodates 15-20 people Rock Room – accommodates 10-12 people

Room Fees

Room Rental Fees – all reservations require a \$50 refundable deposit. For Profit Organizations there is a \$25 an hour room rental fee. Please indicate if you are a nonprofit or for profit organization.

Nonprofit Organization

For Profit Organization

Important Information

Room rentals are subjected to the following conditions:

1. Any cancellation will be given in writing to the San Angelo Health Foundation not less than seven days prior to the scheduled event to receive a deposit refund.
2. The applicant has received a copy of the rules and regulations (located on website) governing the use of the Visitor Center and agrees to faithfully abide by all of its terms.
3. The San Angelo Health Foundation may cancel the agreement, returning the full deposit, in the event the mechanical or physical condition of the building renders the facilities unusable for the scheduled event.
4. Reservations will be booked when the deposit is received. Check or cash is accepted for deposits and room rentals. We do not accept credit cards.