

**Port of Pasco Application for Use of  
Osprey Pointe Conference Room**



Thank you for considering the Port of Pasco for your event or activity. Please complete the application as fully as possible. This will assist us in meeting your needs. If you have questions, please contact:  
Facilities Coordinator, 509-547-3378, or e-mail [aburney@portofpasco.org](mailto:aburney@portofpasco.org)

Organization (name) \_\_\_\_\_  
Address/City/Zip \_\_\_\_\_  
Event Coordinator (contact person) \_\_\_\_\_  
Address/City/Zip \_\_\_\_\_  
Phone (hm.) \_\_\_\_\_ (wk.) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-mail \_\_\_\_\_ (fax) \_\_\_\_\_

**EVENT INFORMATION**

Type of event or activity (business meeting, training, etc.) \_\_\_\_\_  
Date of event \_\_\_\_\_ Start time \_\_\_\_\_ \*End time: \_\_\_\_\_

\*Requested Set-up: date & time \_\_\_\_\_  
Caterer: \_\_\_\_\_ Menu: \_\_\_\_\_  
Estimated number of attendees \_\_\_\_\_

Port Equipment needed (check all that apply) \_\_\_ Tables \_\_\_ Chairs \_\_\_ AV Eq. (\$50 Fee)

**\*NOTE: End time includes clean-up time. The facility must be cleaned and vacated by the end time. Requested set-up date and time are subject to review and approval. You cannot enter the building before your start time.**

**CONFERENCE ROOMS AVAILABLE (MARK THE ROOM(S) NEEDED):**

\_\_\_\_\_ Board Room Capacity – 74 Person Capacity – Maximum  
\_\_\_\_\_ Rotunda – 11 Person Capacity - Maximum

**EVENT PROFILE**

Please describe in detail your event or activity - include type of event and audience.

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**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.*

**Please Check Payment Method: Check or Cash** \_\_\_\_\_ **Online Payment** \_\_\_\_\_

Rental Fee <u>per day</u> - non-refundable (Per Room)	\$50 x # of days ___	
Projector fee <u>per day</u> - non-refundable (not available in Rotunda)	\$50 x # of days ___	
Damage Deposit - Refundable - this is only for catering - open public meetings	\$300	
	<b>TOTAL DUE</b>	

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 Board Room 215 and/or Rotunda Room 225 described above and certify the information is correct. I have received a copy of the Public Use Policy and agree to exercise care and safety in use of the facility and property and to hold harmless the Port of Pasco from all liability and medical expenses resulting from the use of the facility and/or property. I have read and understand the requirements for rental of the Port of Pasco facility and agree to abide by the rules outlined in the Public Use Policy. I further agree to pay in advance any fees associated with the request.

Cancellations must be received in writing by this office no later than 14 days prior to rental date(s) or the applicant forfeits all rental fees.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

*The responsible party that signs the reservation is the only person who can request a modification to the reservation no later than 14 days prior to the event.*

Please return this form, \$300 Deposit, and \$50 reservation fee to: Port of Pasco, Attn: Facilities Coordinator, 1110 Osprey Pointe Blvd., Suite 201, Pasco, WA or mail to PO Box 769, Pasco, WA 99301
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**Reservation Confirmation**

Reservations are not confirmed until a Port representative has signed and returned the reservation form to the user. A registration form must be completed for each time the conference room is used. Reservation requests must be signed by the responsible individual.

Authorization for use shall not be considered as an endorsement or approval of the activity, group or organization, nor the purposes they represent.

**Port Authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Port of Pasco Hold Harmless Agreement**

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

Name of Event Coordinator: \_\_\_\_\_

at \_\_\_\_\_ (location)

on \_\_\_\_\_ (date)

\_\_\_\_\_ (organization) agrees to protect, defend, indemnify, and hold the Port of Pasco, its Commissioners, officers, directors, employees and volunteers free and harmless from and against any and all losses. Claims, liens, demands and causes of action of every kind and character including, but not limited to, the amount of judgment, penalties, interest, court costs and legal fees incurred by the Port of Pasco arising in favor of any party, including claims, liens, debts, personal injuries, death (including employees of the Port of Pasco), or damages to property (including property of the Port of Pasco) and without limitation by enumeration, all other claims or demands of every character occurring in or anywise incident to, in connection with or arising directly or indirectly out of the use of the patio and open space at Osprey Pointe.

\_\_\_\_\_ (organization) agrees to investigate, handle, respond to, provide defense for and defend any such claims, demand, or suite at its sole expense and agrees to bear all other costs and expenses related thereto; even if the claims, demand, or suit is groundless, false or fraudulent. In any case in which such indemnification would violate any applicable legal prohibition, the foregoing provisions concerning indemnification shall not be construed to indemnify the Port of damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the Port or its employees.

I, \_\_\_\_\_ (event coordinator) further state that I am 18 years of age or older and legally competent to sign this agreement. As the designated event coordinator I understand these terms are contractual and not a mere recital, and that I have signed this document as my own free act.

**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 attached additional paper
Will tables and chairs be required? (Port has 10 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?			
Will the food be catered? Please list Caterer:			
Will alcohol be served?			
Will there be room decorations?			
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?			
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 \_\_\_\_\_

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

- |    |  |           |
|----|--|-----------|
|    |  | (Initial) |
| 1. | I have read the Public Use Policy and understand the requirements for the event    | _____     |
| 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 <u>for public open meetings that are catered.</u>   | _____     |
| 8. | Application Checklist (this sheet) - is signed and dated by the event coordinator  | _____     |

**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:  
Attn: Event Coordinator  
1110 Osprey Pointe Blvd. Suite 201  
Pasco, WA 99301

**For Questions Call - 509-547-3378**