

**THE CENTRE FOR ACTIVE LIVING 50+
RENTAL APPLICATION FORM**

Date of Application: _____

Member/Lessee Name (print): _____

Address & Postal Code: _____

Phone: _____ E-Mail _____

Rental Request:

One Time Event:

Type of Event: _____

Date Required: _____

From: _____ To: _____ (include set up and take down time)

Long-term Use:

Type of Event: _____

Months and Dates Requested: _____

From: _____ To: _____ (include set up and take down time)

Other equipment or services required;

- _____ \$40 Audio Visual Equipment
- _____ \$25 Audio System Only
- _____ \$35 Kitchen (fridge, coffee urn, cups, spoons)
- _____ \$80 Kitchen Equipment (dishes, cutlery, fridge, stove, urn, dish sterilizer)
- _____ \$105 Table and chairs set up and take down (includes GST)

Rental Fee _____ hours @ _____ = \$ _____

Equipment or services: = \$ _____

Total = \$ _____

Damage Deposit (Separate Cheque) = \$ _____ 200.00

I accept full responsibility for all costs and/or damages arising from the use of CSSCA premises for this (these) events

Signatures: Lessee: _____ Date: _____

Rental Coordinator: _____ Date: _____

1. Return a signed copy of this Contract to the Office along with a copy of your Liability Insurance.
2. Contracts for Long Term Use shall be renewed annually effective January 1. Renewal applications must be submitted by December 1.

FOR OFFICE USE ONLY

Date Received: _____ Date Approved and Lessee notified _____

Date Payment Received _____ Date Receipt Issued _____

Key Given to _____ Date _____ Key Returned _____