



Active Living  
 Healthy Aging  
 Lifelong Learning  
 Community Involved

**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, Date Required, Start Time, End Time:

\_\_\_\_\_  
 \_\_\_\_\_

Long Term Use: Type, Months & Dates Required, Start Time, End Time:

\_\_\_\_\_  
 \_\_\_\_\_

Rental Fee: \_\_\_\_\_ hours @ \_\_\_\_\_ = \$ \_\_\_\_\_

*Other equipment or services required:*

- \_\_\_\_\_ \$200 Damage Deposit (separate cheque required)
- \_\_\_\_\_ \$30 Kitchen: refrigerator, coffee urn
- \_\_\_\_\_ \$60 Kitchen Equipment: dishes, cutlery, fridge, stove, coffee urn, dish sterilizer
- \_\_\_\_\_ \$78.75 Chair Setup/Take down
- \_\_\_\_\_ \$30 Audio/Visual Equipment
- \_\_\_\_\_ \$20 Audio System only

\$ \_\_\_\_\_ TOTAL COST OF RENTAL PLUS EQUIPMENT/SERVICES

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

Signatures: Lessee \_\_\_\_\_

Rental Coordinator: \_\_\_\_\_

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 \_\_\_\_\_