**RENTAL APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF EVENT:** | | | | \* | | | | | | |
| **Space Requested:** | | | | | | | | | | |
| Cugnet Centre/ Colleen Weimer Hall | | | Colleen Weimer Hall | | Cugnet Centre (Gym Use Only) | | | | | |
| Mainil Dressing Room  Basement Dressing Room (below stage) | | | | | | | | | | |
| **Dates and Times Requested: (Includes set-up & clean-up)** | | | | | | | | | | |
| Set-up: ***(3 hrs. allowed without rental charges)*** | | | | | Start Time: | | | Finish Time: | | |
| Date: | | | | | Start Time: | | | Finish Time: | | |
| Date: | | | | | Start Time: | | | Finish Time: | | |
| Date: | | | | | Start Time: | | | Finish Time: | | |
| Clean-up: | | | | | Start Time: | | | Finish Time: | | |
| **Number of attendees: \_\_\_\_\_\_\_\_\_\_** | | | | | Will alcohol be served at the event?  Yes  No | | | | | |
| **Furniture and/or Equipment Requested:** (please specify exactly what is required and how many) | | | | | | | | | | |
| Chairs: \_\_\_\_\_\_\_  Tables (Rectangle): \_\_\_\_\_\_\_\_ Tables (Round): \_\_\_\_\_\_\_ | | | | | | | | | | |
| Retractable Bleachers  Stage  Projector(s)  Microphones | | | | | | | | | | |
| Sound System / Lights  Operator Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Use of Kitchen  Caterer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | |
| **Caretaker Cell: 306-861-7768** | | | | | | | | | | |
| **Name of Contact Person:** | | |  | | | | | | | |
| **Address:** | | |  | | | | **Postal Code** | | |  |
| **Phone / Cell No:** | | |  | | | | **Fax No.** | | |  |
| **Email Address:** | | |  | | | | **Non-Profit No.** | | |  |
| The applicant has reviewed the Policies & Procedures and agrees with them herein.  The possibility of additional caretaking fees has been explained to the applicant & applicant is in agreement.  The Cancellation Policy has been reviewed by the applicant & applicant is in agreement.  The applicant is responsible to ensure all attendees abide by the Policies & Procedures. Any breach will result in forfeiture of the damage deposit.  Damage Deposit received - $ 500.00  50% Rental Deposit received - $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Copy of Liability Insurance received  Copy of Liquor License received and/or Security Plan  **Rental of Facility Waiver Form** | | | | | | | | | | |
| **Liability:** The Applicant hereby agrees and obligates itself to save harmless and indemnify the South East Cornerstone Public School Board No. 209 against any and all claims, liabilities, demands, damages or rights of causes of action whatever, make or asserted by anyone rising out of or incidental to the application or to the use and occupancy of the permitted premises. (Note: Insurance carried by the South East Cornerstone Public School Division No. 209 does not cover user groups. In the event the Board of Education sustains any loss or damage for which the user group is responsible, the Board’s insurers may claim reimbursement from the user group. Accordingly, it is advisable for the user group to purchase liability insurance covering the permitted activities.   1. General liability insurance in an amount no less than two million dollars ($2,000,000.00) per incident. 2. **Application**: Approvals of all applications must be confirmed with the WCS. Applications for all rentals shall be endorsed by a responsible individual, who personally or on behalf of the organization agrees to pay the required rental fees and to abide by the rental policies & procedures. | | | | | | | | | | |
|  | |  | | |  |  | | | | |
|  | Date | | | |  | Signature of Applicant  *I hereby agree to personally and/or have the authority to commit the organization to pay the required rental fees and abide by the regulations as outlined in the attached Rental Policies & Procedures* | | | | |
|  | | | | | | | | | | |
| **APPLICATION APPROVAL** | | | | | | | | | | |
| Supervision / Security Plan Accepted  Yes  N/A | | | | | | | | | | |
| Approved by WCS  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Signature of Approval | | | | | | | | | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | |
| Fee Per Rental Period | | | $ | | | | Invoice # | |  | |
| Caretaker Fee (overtime) | | | $ | | | | Misc. Fees: $ | | | |
| Rental Deposit | | | $ | | | | Less Rental Deposit: $ | | | |
| Damage Deposit | | | $ | | | | + / - Damage Deposit: $ | | | |
| **Total Fee: $** | | | | | | | | | | |
| Note: Fees will be charged on actual use and may be revised accordingly | | | | | | | | | | |

***Amended August 2016***