



# FACILITIES RENTAL FORM

## Event information

Event name	
Requested by	
Request date	
Event type	
Event time	
Event details	
Setup requirements/map	

## Contact Information

Name	
Address	
Telephone	
Email	
Alternate contact name	
Alternate contact number	

## FACILITIES

		Communi ty rate	Non profit rate	Profit rate	Totals (to be completed by administratio n)
Gymnasium, hourly rate (1-3 hours)		10	40	50	
½ day rate 3-5 hours			150	250	
Full day rate 5-8 hours			300	350	
Kitchen rate (no equipment/utensils) per use			50	60	
Projector & screen (check off below), per day			30	30	
Sound equipment (check off below), per day			40	40	
SUB TOTAL					

## EQUIPMENT

AV Equipment: Check all that is required

EQUIPMENT	
Projector screen (1)	
Podium (1)	
Podium mic stand (1)	
Power Bar (1)	
Small Equipment Tables (1-3)	
Flag Holders (1-2)	
Extension Cords (1-4)	
Stagg Commander 10 lighting control panel (1)	
Stage Lighting (8)	
Samson MXP14FX Mix pad Console (1)	
Stagg Heavy Duty Boom Mic stand & clips (1-6)	
Stagg Microphones-Wired(1-4)	
STAGG: 25' XLRM to XLRF Cable (1-4)	
Mini Jack Extension Cable (1)	
Samson Concert 288 Wireless Headset (1-4)	
Samson Concert 288 Wireless Microphone (1-4)	
Samson R288 Dual Band Receiver (1-4)	
RCA to Mini Jack Audio Cable 50' (1)	
View Sonic Pro8530HDL Projector	
Projector Power Cord - Long (1)	
HDMI Cable Long - 20' (1)	
HDMI Cable Std. (1)	

## GYM EQUIPMENT

Equipment		Communi	Non	Profit	Total (to be
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		ty \$	profit		completed by Admin
Bleachers (2)					
Scoreboard (1)					
Gym Equipment					
Tables (round) 1-14 per table/per day			\$3	\$4	
Table cloth (round) 1-14					
Chairs (1-152) per chair per day			\$1	\$2	
Tables rectangular (1-2) per table, per day			\$3	\$4	
Flooring cover (1)			\$40	\$40	
SUBTOTAL GYM EQUIPMENT					

### KITCHEN EQUIPMENT

Equipment		Communi ty \$	Non profit	Profit	Total (to be completed by Admin)
Stoves					
Deep Fryer					
Grill top					
Fridge					
Special equipment (see inventory list)			100	125	
Details:					
SUBTOTAL, KITCHEN EQUIPMENT					

### OTHER CHARGES

DETAILS	Total \$
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Cleaning fee, minimum 1 hour \$40/hr	
Setup/take down fee, \$40/hr	
Damage deposit	200
Third party liability insurance of \$3,000,000 required. Please attach proof of insurance.	
SUBTOTAL INVOICE AMOUNT	
GST (5%) GST # 890111461 RT0001	
TOTAL INVOICE	

## RULES & SIGNATURES

1. Safety operating instructions: Customer agrees to follow all posted signs and adhere to all signed agreements. Customer will keep and maintain safety rules for crowd control and to assume any and all risk of injury arising out of improper use.
2. In consideration of being permitted by ?aqam to use its equipment, the undersigned and its participants agree to indemnify and hold harmless the ?aqam from any and all claims which are brought by the undersigned and/or their participants and which are in any way connected with such use or participation
3. Care of equipment: Customer will be responsible for all financial costs relating to damage and/or repairs. Customer will report any damage, setting damaged items to the side for inspection by a Facilities employee at ?aqam
4. Proof of Third party liability of \$3,000,000 is required from all external renters.
5. I have read, and agree to accept all terms and conditions outlined herinherein and accept responsibility for any damages and additional costs incurred as a result of use of ?aqam facilities, equipment, grounds and agree to abide by the conditions of use as contained in the ?aqam Facilities Usage Procedure as well as all Provincial, Civic and Federal requirements.

Print name	
Signature	

Date	

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ADMINISTRATIVE USE ONLY	
Total invoice amount	Invoice #
Damage deposit received: (\$, type, date)	Returned (\$, payment record, date)
Payment received (type & date):	Proof of liability insurance received:
<b>ʔaḳam APPROVAL (sign)</b>	Print Name & Date