

Facility Rental Application

Local Government District of Pinawa T: 204-753-5100 F: 204-753-2770

E: sullivanp@pinawa.com

PRIVATE

Please complete this application and return to the LGD of Pinawa.

SCHEDULE B

CONTACT INFORMATION									
Name									
Organization									
Billing Address									
Phone:	Ema	ail:							
(Month/Day/Year)				(Pleas	se Circle)			(Please	e Circle)
Pre/Post Event Date:		Start:		АМ	PM	Finis	h:	AM	PM
Event Date:		Start:		AM	PM	Finis	h:	AM	PM
Will food be served?		,	Yes 🔲			No			
							_		
Will alcohol be served?		`	Yes 🖵			No	_		
Copy of Insurance Provided (required for alcohol events) Yes \square No \square									
	QU/	ANTITY	CHARG	EΕ	SUBT	OTAL	GST	TOTAL	
Auditorium Rental			\$125/hc						
Security/Damage Deposit			\$500				Exempt		
Cleaning Deposit			\$200				Exempt		
Pre/Post Event Flat Fee	4 – 8	8 hours	\$300						
Pre/Post Event Flat Fee	8 – 1	2 hours	\$500						
Pre/Post Event Flat Fee	12 – 2	24 hours	\$700						
Round Tables (max. 24)			\$10/tab	le					
TOTAL OWING								\$	
Additional Cleaning Charges*			\$30/hour				Exempt		
The following individuals may be contacted for assistance with lighting and/or sound. Request for assistance with lighting and/or sound must be made two (2) weeks prior to event.									
Rich Hamon (Sound) 204-753-2519 John Tait (lighting & Curtains) 204-753-2911									

Facility Rental MUST be paid in full at time of booking.

*Additional Cleaning Charges will be billed separately.

RULES AND REGULATIONS

- 1. It is the renter's responsibility to contact the School District of Whiteshell Division Office (204-753-8366) to arrange for a walk-through of the facility prior to the event.
- 2. The renter will be responsible for obtaining keys for the facility at the LGD of Pinawa Municipal Office prior to the rental. The renter will be responsible for returning keys to the LGD of Pinawa Municipal Office as soon as possible following the rental.
- 3. It is the renter's responsibility to request adequate pre/post event time so they are able to complete their facility set up and take down for the event. A flat fee will be charged for pre/post event time as per the rental application. If the renter exceeds the hours requested, the renter agrees to pay for additional hours as per the rental application.
- 4. All rentals will require a security/damage deposit of \$500.00. Refund of the deposit will take place if no damage or excessive maintenance costs are incurred as a result of the facility rental. The permit holder must pay all damages arising from the use of the facility even if above the deposit.
- 5. All rentals will require a cleaning deposit of \$200.00. Refund of the deposit will take place if no further clean up is incurred outside of the regular custodian services included in the rental fee. If further clean up is required the following day, the renter will be billed accordingly.
- 6. It is the renter's responsibility to ensure all required licenses are secured and provided two (2) weeks prior to the date of the event or function. (i.e., Liquor, Smart Serve Certificate and Liability Insurance). Event will NOT be permitted until the LGD of Pinawa has received a copy of the Liability Insurance.
- 7. It is the renter's responsibility to ensure all decorations, belongings and alcohol are removed from the facility, and all garbage is placed in the dumpster located behind the facility at the end of the rental.
- 8. It is the renter's responsibility to ensure all chairs are stacked 10 high, tables are washed and these items are returned to the storage room.
- 9. It is the renter's responsibility to adhere to and enforce the non-smoking ordinance.
- 10. It is the renter's responsibility to ensure all lights are turned off and the building is secured at the end of the rental.

I/We certify we have read the Facility Rules and Regulations as described above and agree to conform hereto and to be strictly bound thereby.

Signature of Renter	Date

Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN All information will remain confidential

Name of Cardholder			
Billing Address			
Cradit Card Type:	□ Vice	□ Mostoroord	
Credit Card Type:	☐ Visa	☐ Mastercard	
Credit Card Number (16 digits)	_		
Expiration Date	Month		Year
Security Number (CVV)			
By signing this form, I authorize the herein, for all additional costs incur		strict of Pinawa to charg	e my credit card provided
Tiorent, for all additional ocoto inour	· Cu.		
Signed			
Dated			