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Between: The St. Albert and District Community League (hereinafter known as the League),
 And _____ (hereinafter known as the tenant),
 For the use of the St. Albert Community Hall (hereinafter known as the Hall)

Area of use (check one)

<input type="checkbox"/>	Main Hall (with Kitchenette and Stage areas)
<input type="checkbox"/>	Lower Hall
<input type="checkbox"/>	Main Hall and Lower Hall together

Between the hours _____ and _____ on the _____ day of _____, 20____
 For the purpose of _____

NOTE: hours of occupancy must include adequate time before and after event for set-up and clean-up.

(Note: **for regular recurring rentals attach a complete list of all dates and times.**)
 (This list and contact information must be updated annually in June for the following year.)

Total rental cost of the above use is: \$ _____ payable in full at least 45 days prior to reservation date.
 The total includes a 50% booking deposit of \$ _____ payable at the time of signing of this agreement. Where the booking is made less than 45 days in advance of the reservation date, the booking deposit is 100% of the rental amount. The deposit is refundable provided that written notice of the cancellation is received by the League at least 45 days prior to the day of the reservation. If notice of cancellation is less than 45 days, the deposit is not refundable.
In Addition, a refundable damage/cleanup deposit of \$1000 is required for all single use events and is payable in full at least 14 days prior to reservation date. The cost of repairing any damage to the hall or equipment beyond normal wear and tear as well as the cost of extraordinary cleanup and direct expense due to forced cancellation of following rental events will be deducted from this deposit.
A service fee of \$25 will be added for all dishonored cheques.
 All refundable monies will be returned to the tenant within 14 business days of receipt of the cancellation notification or within 14 business days after the resolution of any issues resulting from the use of the Hall.

CONTACT INFORMATION (please print)

NAME _____	PHONE (h) _____ - _____ - _____
ADDRESS _____	PHONE (w) _____ - _____ - _____
ADDRESS _____	PHONE (c) _____ - _____ - _____
POSTAL CODE _____	Email _____

As the contact person, I hereby certify that I am the tenant or am authorized to represent the tenant and that I have read and accepted the _____ page(s) General Terms and Conditions attached to this agreement.

Print and sign name _____

Make Cheques payable to **St. Albert and District Community League** P.O. Box 77042, Stn. Main, St. Albert, AB T8N 6C1.

Manager's use only (for recording payments received)

Reservation Receipt Numbers	Rental Balance Receipt Numbers	Damage Deposit Receipt Numbers
_____.	_____.	_____.
_____.	_____.	_____.