



Event Date/s: _____

**E.E. OLIVER COMMUNITY COMPLEX
BOOKING FORM**

Name/Org/ _____

Requested by _____

Address _____

Phone _____ E-mail _____

Type of Event _____

Group Youth Adult Mixed

Time Required: Date _____ Time in _____ Time out _____
Date _____ Time in _____ Time out _____
Date _____ Time in _____ Time out _____

Facility and Equipment Requirements:

Gym Ancillary Room Kitchen Bar Stage Tables _____ Chairs _____

A liquor permit required: no yes (a separate form must be filled in)

Additional Requirements: _____

Additional Equipment Requested (circle): Basketballs; Bean Bags; Bowling Pins; Footballs; Foam Paddle Bats;
Hockey Equipment; Hula Hoops; Indoor Soccer Balls; Pylons; Skipping Ropes; Whiffle Balls (Balls w/ holes);
Small & Medium-sized Rubber balls

We have received, read and agree to abide by the E.E. Oliver Community Complex User Regulations. All rental charges must be paid a minimum of one month prior to the event. Rental rates are subject to change without notice, therefore to confirm the discussed price; payment in full should be made at the user's earliest convenience. Guaranteed rates are only confirmed when payment in full is received by the Town Office. In addition, we agree to pay for any damages, extra rental, or janitorial charges and agree that costs for the aforementioned shall be withheld from the damage deposit. We further agree to pay for any charges that are in excess of the damage deposit. We also assume responsibility for the actions of users for the facility during the hours that the facility is rented. We further agree to pay any additional charges within thirty (30) days of billing date or will be charged interest on the outstanding account at the rate 2% per month. We understand that should confirmation or cancellation not be approved within forty-eight (48) hours prior to usage, the user shall be charged the applicable rental fee. Termination of rental agreement will be strictly enforced if rules and regulations are not observed.

Signature of Person Acting on behalf of the Organization

Damage Deposit Paid _____
(initials)

Rental Fee Paid _____
(initials)

EEO custodian notified _____
calderd@prsd.ab.ca (initials)

Deposit receipt and rental fee receipt must be attached to this form.

Fees / Charges

Rental Fee	Hours/ Number	Rate	COST
Auditorium: - <input type="checkbox"/> Youth function - <input type="checkbox"/> Non-Youth function - <input type="checkbox"/> Commercial/Private		\$10.00/hour \$30.00/hour \$.00/hour	\$
Stage (only)		\$15.00/hour	\$
Ancillary Room		\$.00/hour	\$
Kitchen - <input type="checkbox"/> Banquet - <input type="checkbox"/> Luncheon		\$100.00/use \$50.00/use	\$
Bar		\$50.00/use	\$
Chairs (up to 450 chairs)		\$1.00/chair	\$
Tables (up to 15 rectangular tables)		\$5.00/table	\$
Weekend Use (flat fee inclusive for 20 total hours)		\$850.00/weekend	\$
Others		\$.00	\$
SUB TOTAL			\$
GST on Rent			\$
SUB TOTAL WITH GST			\$
Deposit (Equal to Facility Rental Charge or \$100 whichever is greater)			\$
TOTAL COST			\$