

CENTRAL SAANICH SENIOR CITIZENS ASSOCIATION (CSSCA)
1229 Clarke Rd, Brentwood Bay, V8M 1E2 250 652-4611
RENTAL APPLICATION FORM

Date of Application: _____

Member/Lessee Name (print): _____

Address & Postal Code: _____

Phone: _____ E-Mail _____

Person responsible for securing building at end of event (e.g. doors locked, lights off, equipment/supplies returned)

Name (print) _____

Phone: _____ E-mail: _____

Rental Request:

One Time Event:

Type of Event: _____

Date Required: _____

From: _____ To: _____ (include set up and take down time)

Long-term Use:

Type of Event: _____

Months and Dates Requested: _____

From: _____ To: _____ (include set up and take down time)

Other equipment or services required.

- _____ \$40 Audio Visual Equipment
- _____ \$25 Audio System Only
- _____ \$35 Kitchen (fridge, coffee urn, cups, spoons)
- _____ \$80 Upstairs Kitchen Equipment (dishes, cutlery, fridge, stove, urn, dish sterilizer)
- _____ \$105 Table and chairs set up and take down (includes GST)
- _____ \$50 Recycle empty beverage containers

Rental Fee _____ hours @ _____ = \$ _____

(Hourly: \$45; Members \$30)

Equipment or services: _____ = \$ _____

TOTAL = \$ _____

(Cheque made payable to CSSCA. **Payment required prior to the event**)

Damage Deposit (Separate Cheque) = \$ _____ 200.00

I accept full responsibility for all costs and/or damages arising from the use of CSSCA premises for this (these) events.

Signatures: Lessee: _____ Date: _____

Rental Coordinator: _____ Date: _____

Return a signed copy of this Contract to the Office along with a copy of your Liability Insurance.