South Edmonton Alliance Church Facility Booking Request and Usage Agreement

- MULTIPLE EVENTS BOOKING ONLY -

IMPORTANT: Please fill out this form as completely as possible. Your request will not be processed without a complete application. Unless waived, booking charges and the damage deposit must be paid in full prior to the event. If you have any questions, please contact our office (Email: office@seachurch.ca Tel: 780-463-1527).

Contact Information											
Name:											
Organization:											
Address:											
					I	Posta	al Code:				
Phone:											
Cell Phone:											
Email:											
Event Information											
Date: From:					То:						
Time: From:			То:		Frequency: (Check all the apply.)						
(Please include setup and take down time.)					Sun	Мо	n Tue	Wed	Thu	Fri	Sat
Event Description:											
Facility Requested:	□ Gym	☐ Sanctuary Base		Baseme	nent Chapel		☐ Classroom Room #:		☐ Others:		
(Check all that apply.)		☐ Basement		☐ Conference							
	☐ Gym Kitchen		Kitchen		Room						
Number of Occupants:		Emergency Contact and Phone:									
Additional Information	on										
Will any advertisements		romo	tions be use	ed for this	s event	t whic	ch will re	fer to So	outh E	dmonte	on
Alliance Church (SEAC) other than its name and location?					☐ Yes		□ No				
Will tickets be sold or admissions charged?] Yes		□ No				
Is your event covered by insurance?] Yes		□No)			

Equipments (Audio-Visual, Lighting, Stage, Special Setup etc.) Please describe any equipment and/or technical support you will need SEAC to provide for the event. (Charges may apply.)					
Please describe any equipr Equipments must be declared prior to	nent and/or technical support you will provide yourself for the event of event setup.)				
Facility Usage Rates (1 hou	r minimum)				
☐ Sanctuary:	\$60/hr or \$400/day (8-hour period. Use of AV system included.)				
☐ Basement Chapel:	\$40/hr or \$250/day (8-hour period. Use of AV system included.)				
☐ Gym	\$50/hr or \$350 per day (8-hour period.)				
☐ Conference Room:	\$35/hr or \$250/day (8-hour period.)				
☐ Classroom:	\$35/hr				
☐ Nursery:	\$30/hr				
☐ Gym/Basement Kitchen	\$35/hr				
On-site parking is free with facility boo	oking upon availability. Paid parking is available across the street at Tawa Centre.				
Audio-Visual Equipment I	Rates				
☐ Video Projector:	\$50/booking				
☐ Portable PA System:	\$100/booking				
Jsage of overhead projector, flip char equired.	t, CD player, DVD player, VHS is free-of-charge with facility booking if available. Advance booking is				
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Damage Deposit

A \$200 damage deposit shall be attached to the booking request. The damage deposit will be returned to the user as long as the facility is found in good and clean condition after use.

Electronic Key Card

Depending on the time and nature of your booking, an Electronic Key Card (EKC) will sometimes be assigned for your event. The EKC will grant you access to the premises where applicable. It is the property of South Edmonton Alliance Church and contains no personal information. It must be returned after the event. A \$20 charge will be deducted from the refundable deposit if the EAC is not returned promptly after the event. The EAC will not work any where on the premises other than the date and time of the event assigned. The contact person is responsible for the EKC.

I hereby make application to South Edmonton Alliance Church to use above facilities. I agree to abide by the SEAC Facility Guidelines and understand that any violation of the regulations may result in cancellation of the usage and/or forfeit of the damage deposit.

User's Signature:	Date:
Print Name:	
Please send completed application to Facility Administrator:	
South Edmonton Alliance Church	Email: office@seachurch.ca
6508 – 31 Avenue	Fax: 780-461-5898

Edmonton, Alberta T6L 6P7

- OFFICE USE ONLY -**Before the Event:** Date received application: ☐ In-person ☐ Web Request ☐ Email ☐ Fax Total Applicable Charges: \$_____ □ Paid (Date: _____) □ Cash □ Check ☐ Not Paid Damage Deposit Collected: ☐ Yes □ No ☐ Waived Was an Electronic Key Card assigned? ☐ Yes (EKC number: _____) ☐ No Remarks: Administrator's Signature: Date:____ ☐ Request Approved ☐ Request Rejected After the Event: Damage Deposit Returned? ☐ Yes ☐ Waived ☐ No (How much was charged? \$) □ No ☐ \$20 charged Remarks: Administrator's Signature:_____ Date:_____