All Saints' Anglican Church Facility Rental Request



Type of Event:		N. SANT
Date of Event:		
SPACE: Parish Hall	CITA	DCEC ¢
☐ Benfield Room		RGES \$
☐ Kitchen *See Non - negot☐ Lounge or upstairs room	lable Guidennes"	
☐ Sanctuary ☐ approved	by	
☐ Other		
SECURITY DEPOSIT:	Fee : \$100.0	00
A cheque for this amount, payable to All	Saints' Church, must be provided in	
advance of the event as a deposit against	-	
un-cashed, when no damage is determine	ed by All Saints' Management.	
☐ All Saints' Security Informa	tion provided to contact person.	
Name of Group/Person Renting: Contact Person:		
Contact Person:	PhFax:	
Email address:	Photo ID:	
Mailing Address:		
Time required: from until LIABILITY INSURANCE: (a require ☐ Have own liability insurance proo ☐ Have no liability insurance; rider of	ement for rental) of required NO FEE	EE \$
EQUIPMENT REQUIRED:		
☐ table # (size 30" x 72")	□ chair#	
☐ projector (no computer supplied)	□ screen	
☐ P.A. system	□ wireless	
If possible, draw plan for setup on the ba	ick of the sheet	
FOOD AND BEVERAGE: □ N/A □ Have own catering □ ACW catering □ All Saints' Anglican Church appr	roved caterer," Jeff Wright, To Your l	Kitchen Catering''
Alcohol with LCBO permit only. Permit	-	prior to event.
Payment is required 5 days in advance		-
Cancellation after payment is made wi		n fee.
I agree to all terms & conditions.		
Renter:		
(Signature)	(Date)	
Office use only. Approved by:	Date•	