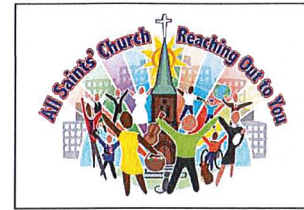


**All Saints' Anglican Church  
Facility Rental Request**



Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

**SPACE:** ☐ Parish Hall  
☐ Benfield Room  
☐ Kitchen \*See Non - negotiable Guidelines\*  
☐ Lounge or upstairs room  
☐ Sanctuary ☐ approved by \_\_\_\_\_  
☐ Other \_\_\_\_\_

**CHARGES \$** \_\_\_\_\_

**SECURITY DEPOSIT:**

**Fee: \$100.00**

A cheque for this amount, payable to All Saints' Church, must be provided in advance of the event as a deposit against possible damage; it will be returned, un-cashed, when no damage is determined by All Saints' Management.

☐ All Saints' Security Information provided to contact person.

Name of Group/Person Renting: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph. \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Photo ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Time required:** from \_\_\_\_\_ until \_\_\_\_\_

**LIABILITY INSURANCE: (a requirement for rental)**

☐ Have own liability insurance proof required

**NO FEE**

**FEE \$** \_\_\_\_\_

**EQUIPMENT REQUIRED:**

☐ table # \_\_\_\_\_ (size 30" x 72") ☐ chair# \_\_\_\_\_

☐ P.A. system ☐ wireless

If possible, draw plan for setup on the back of the sheet

**FOOD AND BEVERAGE:** ☐ N/A ☐ Have own catering

*Alcohol with LCBO permit only.*

*Permit must be filed with the office 5 days prior to event.*

**TOTAL CHARGES \$** \_\_\_\_\_

**Payment is required 5 days in advance of the event.**

**Cancellation after payment is made will be subject to a \$50 administration fee.**

**I agree to all terms & conditions.**

**Renter:** \_\_\_\_\_  
(Signature) (Date)

**Office use only: Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_