

## **IRISH CENTRE**

12546 126 Street, Edmonton, Alberta T5L 0X3 Phone: (780) 453-2249 or Fax: (780) 451-5969

## **FACILITY RENTAL FORM**

PLEASE PRINT AND COMPLETE IN FULL					
Member: Yes		Since (date):			
No		* Must be a membe	r for more than 6 mo	onths to qualify for member rate	25
Rentee Information					
Last Name		First Name	_	Phone	Email
Address			City	Province	Postal Code
Identification:				<del>_</del>	
Event Information					
Type of Event:					
Date of Booking:	-		7 N	umber Attending:	
Date of Booking.			"	uniber Attenuing.	
				NOTES	
Catering:	Yes	No	*See Catering Form		
Entertainment:	Yes	No 🗌			
Decorating/Setup:	Yes	No	*See Schedule A		
PA Equipment:	Yes	No 🗌	*See Schedule A		
Deposit is required to confirm and hold your booking. Deposit is due upon signing agreement.					
2) Rental cheque is payable 2 weeks prior to date of event booking.					
3) All bookings are semi-private functions (we are open to our members during regular hours).					
4) The Rentee is responsible for the cost of entertainment if it has not been previously booked.					
		<u>Member</u>		Non-Member	
Deposit		\$200.00		\$400.00	
Rental Fee (Fri. or Sat. eve	nings)	\$50.00		\$300.00	
Hourly Fee (day/wkday ev	e min. 2 hrs)	-		\$50.00	
I agree and acknowledge that I have read and understand the terms of this Facility Rental Form inclusive of Schedule A and					
the Event Catering Form (if required).					
	(Rentee)			(Irish Sports & Social S	ociety)
Signed		Signed			
Date		Date			
FOR OFFICE USE ONLY					
SSSFRF-Rev/2018		Date	•	<u> </u>	