



Alexandra Centre Society
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Security Contact: (403)

Revised Sept'08

Alexandra Centre Rental Agreement Alexandra Centre Society (ACS)

Renter:

Name of Organization _____

Name of Representative _____

Address _____

Address _____

Phone _____

Fax _____

Phone _____

Cell _____

Cell _____

Second Contact: Name & Cell _____

Location Rented (Check One)

Alexandra Dance Hall

Bow River Room

Good Neighbours' Resource Centre

Rose Room

ACS Central

Activity

Purpose of Rental: *(Please attach a detailed description in the space provided on the last page of this agreement)*

Date Requested: _____

Number of Attendees: _____

Start Time: _____

End Time: _____

Coffee Urns Needed: 100-cup____ 30-cup____

If Yes Include Permit Number: _____

Liquor: Yes No

Office Use Only:

Payment Details:

Rental Rate: _____

Damage Deposit: _____

Deposit Refunded: _____

Office Use Only:

Cheque: Cash:

Cheque# _____

Date Received: _____

Rental# _____