

**Musée Morinville Museum
FACILITY REQUEST FORM**

Organization:		Home Phone	Cell Phone	Work Phone
Contact Person:				
Billing Address:				
Email:		Fax number:		
Type of Event:		No. of Participants:		

Room	Start Date	Finish Date	Start Time	End Time

Rental Rates		
	# of days	Total
Hourly \$25.00 per hour		
Half Day (4 hours) \$75.00		
Full Day (7 hours) \$100.00		
GST (5%)		
Final Balance		

Method of Payment		
Cheque #	_____	
Receipt #	_____	
\$250 deposit	cheque #	_____
<i>The damage deposit will be returned within two weeks of the completion of the last booking.</i>	returned	_____
Other costs	cheque #	_____
	returned	_____

Initials: _____

Proof of Insurance Coverage attached?	
--	--

Freedom of Information and Protection of Privacy (FOIP) Notice

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act is collected for the sole use of the Musée Morinville Museum.

Set-up/Clean Up

All facility users will be responsible for their own set up and clean-up. Any additional clean-up or repair to the facility required after the event will be deducted from the deposit. The facility user will be responsible for any clean-up/damages above the security/damage deposit.

Equipment Required during rental	
Chair #	_____
Table #	_____
Other:	_____

Renter's Certification
I have read and understand the terms and conditions.

Signature of Renter

Date

Musée Morinville Museum

Date