

**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

2009 Rental Rates

(As per Appendix A: Town of Morinville Community Services Rates and Fees Schedule.)

	# of days	Total
Youth \$10.00 per hour		
Adult \$17.00 per hour		
Additional Services		
GST (6%)		
Final Balance		

Initials: _____

Proof of Insurance Coverage attached?	
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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 Muesum.

Method of Payment

Cheque # _____

Reciept # _____

\$250 damage deposit
The damage deposit will be returned within two weeks of the completion of the last booking.

cheque # _____
returned _____

\$250 key deposit
Key #:

cheque # _____
returned _____

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 security/damage 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 (see other side for Terms of Rental)

I have read and understand the terms and conditions.

Signature of Renter _____

_____ Date

President or designate of Morinville Historical and Cultural Society

_____ Date