

Facility Rental Request Form

Name of Group/Person(s) _____

Contact Name _____ Phone _____

Address _____

Email _____ Fax _____

Date Requested _____

If more than one date requested, please specify _____

Alternate Date Requested _____

Time Requested (including time for setup/clean up) _____

TYPE OF EVENT

Spaces Requested (please note the maximum seating capacities)

- | | |
|--|--|
| <input type="radio"/> Main Auditorium (900 seating max.) | <input type="radio"/> Room 101 (30 seating max.) |
| <input type="radio"/> Café/Lobby (60 seating max.) | <input type="radio"/> Room 102 (15 seating max.) |
| <input type="radio"/> Fusion Room (160 seating max.) | <input type="radio"/> Room 103 (Library – 16 seating max.) |
| <input type="radio"/> Kitchen | <input type="radio"/> Room 104 (40 seating max.) |
| <input type="radio"/> Toddler Village/Nursery | |

Number of people expected: _____

Note: all kitchen use arrangements must be discussed prior to approval. (Please Initial) _____

TELL US DETAILS ABOUT YOUR EVENT

SETUP REQUIRED

Rectangular tables #___ Round tables #___ Café tables #___ Chairs #___

Water/Coffee Service requested for #___ people (minimum 50, \$2 per person)

AUDIO/VISUAL NEEDS

- Sound Technician Media/Lighting Technician

Only King Street Community Church authorized technicians may operate sound, media and lighting equipment on the premises. Any personal laptops/projectors brought in for presentation use, must be setup by the rental party. Use of candles is prohibited. Furniture IS NOT to be moved. (Please Initial) _____

Please note that the following items ARE NOT available for use (unless special permission): laptops, photocopying, portable whiteboards, sports equipment, linens, disposable plates/cups/cutlery/napkins.

INSURANCE REQUIREMENTS

Your group must provide a certificate of insurance showing a minimum limit of \$2 million General Liability, Tenants Legal Liability and name King Street Community Church as the certificate holder and additional insured. This certificate must be provided at least 7 days before the event or at the time of book. If your insurance

provider does not offer this service, we recommend using the Robertson Hall Access Insurance Program (see attachment). *(Please Initial)* _____

Nothing is to be removed from or attached to any wall, floor or other surface, inside or outside the facility without prior consent. No unsafe or illegal activity will be allowed, and if engaged in contrary to this Policy, will be cause for immediate revocation of the Rental Agreement. Specifically banned are the following games: "Chubby Bunny" (or any game involving eating marshmallows), bobbing for apples/or other foods (in water), passing Life Savers with toothpicks, or any game involving risk of injury. *(Please Initial)* _____

PAYMENT OPTIONS

1. Debit Machine (in the lobby)
2. Online (through website)
3. Cheque (payable to King Street Community Church) is acceptable. If payment by cheque, three business days is required for payment to clear the bank.

Note: No part of the church facilities will be made available for activity that is deemed to be in violation of the mission, vision and values of KSCC, the CRA Registered Charity Details & Description of King Street Community or the Constitution & Bylaws of King Street Community Church (see attached). Any activity carried out in violation by the group/person(s) renting the facility, those signing on behalf of the group/person(s) or anyone attending the event shall represent sufficient reason for King Street Community Church to void this agreement, even if contrary actions come to light subsequent to the agreement being signed and established.

Please return completed form and direct any questions to:

King Street Community Church · Attention: Al Heath

611 King St. W. Oshawa, ON L1J 2L1 · 905-433-8100 · email: church@kingstreet.org · fax: 905.433.8102

During the Rental Agreement, your Representative from KSCC is:

Name _____ Phone # _____

In cases of emergency, please contact the representative above. The representative above has exclusive rights to determine if this agreement is being adhered to and may take appropriate corrective action, up to and including the immediate cessation of the event, even during the event.

ADDITIONAL REQUESTS

ADDITIONAL TERMS AND CONDITIONS

If I am provided an Entry Key or FOB, it is understood that duplication of this key or FOB is NOT permitted. This key or FOB shall remain the property of King Street Community Church and will be returned by the rental party at the termination of this agreement. If the entry key or FOB is lost, stolen or not returned, the rental party agrees to pay King Street Community Church five hundred dollars (\$500) to cover the potential costs incurred. *(Please Initial)* _____

This agreement comes into force only upon the signature of all documentation and exchanging of copies of the Policy Agreement & Rental Request form.

Name of person(s) representing group _____

Signature of person(s) representing group _____ Date _____

FOR OFFICE USE

Date Insurance Certificate Received _____

Date Signed Policy, Liability Waiver & Rental Request Form Received _____

25% Deposit Amount _____ Fee Total _____

Date Payment Received _____

Key Provided (Y or N) _____ If yes, number # _____

Key Returned (Y or N) _____

Approved By (print name of person authorized to sign for King Street Community Church) _____

Approval Signature _____ Date _____

Notes _____

