3949 Shell Beach Road, Ladysmith BC V9G 1K6

Phone 250.245.9372 Fax 250.245.9394

**Rental Contract Agreement**

1. User: \_ 2. Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. User Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Phone: (Day) 250- \_\_\_\_\_ (Evening): 250-

5. Address:

6. Date of the Event: \_

7. Check- in Time: AM/**PM** Check-out Time AM/**PM**

8. Room Requested:

 Gym Fitness Room

 Kitchen Soccer Fields

 Computer Lab Youth Centre Room

 Change Rooms Soccer Field Lights

9. Special Requests:

 PA System Overhead Projector

 Screen Flip Charts

 TV VCR

10. Cost:

 Damage Deposit **$**

 Set up & Clean Up **$**

 Gym **$**

 Kitchen **$**

 Computer Lab **$**

 Youth Centre **$**

 Additional Costs **$**  **\***($10.00 opening & $10.00 Closing fees)

 Total Rental and Service Fees Due: **$** plus damage deposit

**\*** Only if outside of our regular hours of operation.

By signing below, the User Authority, on behalf of the User, agrees to use of the

Stz’uminus First Nation Community Centre facilities and fields accordance with

Stz’uminus Community Centre Policy; and the User Authority have read and fully understand the SFN Community Centre Policy.

User Authority Community Centre Staff

Date Date

**For Office Use Only**

**Paid By:**

**\_\_\_\_\_Funds Transfer Cash Money Order Business Cheque**

**Date of Payment Received:**

**Damage Deposit Return:**

**Damage Amount Returned:**

**Comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funds Transfer (CFN use only)**

**Amount: $**

**Debit Account from Department Account# to Credit**

**Account Department Account# .**

**Authorized Signature:**