

**RENTAL AGREEMENT**

Name of Lessee/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Function/Event Title: \_\_\_\_\_

Requested Dates: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day(s): \_\_\_\_\_

Rental Charges: Fill in appropriate costs:

The following must accompany application:

- A. Booking Deposit: \$100.00
- B. Damage Deposit: \$750.00

Rental Prices: (10:00 am to 2:00 am constitutes 1 day)	<u>Total</u>
C. Upper Level: (\$500/day) ____ + Kitchen: a__ b__ c__	= ____
D. Lower Level: (\$500/day) ____ + Kitchen: a__ b__ c__	= ____
E. Both Levels: (\$1000/day) ____ + Kitchen: a__ b__ c__	= ____
F. Concert, Birthday, Anniversary, Baptism, Meetings: @\$75.00/hr.	= ____
G. Setup fee (day prior to event)	= ____

No charge if setup is on the event day.

On the day prior to the event -\$75.00 fee if the facility is not previously booked \$75.00/ hr. up to 5 hours if the lessee wishes to book the set up time in advance

**FACILITY ACCESS ARRANGEMENTS**

Decorating: Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Actual Event: Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Contact custodian @ 306-281-8103 for making arrangements.

**I have carefully read, understood, and will abide by all the terms of this rental agreement.**

Contract dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year) in the City of Saskatoon, Saskatchewan.

\_\_\_\_\_  
(Signature of Lessee)

\_\_\_\_\_  
(Signature of Lessor)

**AGREEMENT DEEMED INVALID UNTIL FULL PAYMENT RECEIVED:**

**Please return completed application and payment to:  
U. O. C. of the Holy Trinity, 919 - 20th Street West  
Saskatoon, SK S7M 0Y5.  
Email: uocadmin@sasktel.net**

**For Office Use Only:**

**Payment (Damage Deposit & Booking Deposit) at time of Booking:**

Cash: \_\_\_\_ or Cheque: \_\_\_\_ Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Full Rental: (5 days prior to event): Date due: \_\_\_\_\_**

Cash: \_\_\_\_ or Cheque: \_\_\_\_ Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Damage Deposit Returned: \_\_\_\_ Date Paid: \_\_\_\_\_**