

**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: (\$650/day) _____	=	_____
D. Lower Level: (\$650/day) _____	=	_____
E. Both Levels: (\$1300/day) _____	=	_____
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/hr fee if the facility is not previously booked

Clean up on day following event is \$75.00/hr.

**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.**

**OR**

**Email: [htuoc@sasktel.net](mailto:htuoc@sasktel.net)**

**For Office Use Only:**

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

**Cash: \_Cheque Number: \_\_\_\_\_ Etransfer: \_\_\_\_\_ Amount: \_\_\_\_\_**

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

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

**Cash: \_\_or Cheque Number: \_\_\_\_\_ Etransfer: \_\_ Amount: \_\_\_\_\_**

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

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