

**Calgary Association of the Deaf
Meeting Room
Rental Application**

Name of Organization: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

Purpose: _____ Topic: _____

AND/OR

Name of Individual Applicant: _____

Address: _____

Phone: _____ Email: _____

Purpose: _____ Topic: _____

Date(s) Requested: _____ Time: _____ to _____

Set-up Style Requested:

_____ Auditorium/Theatre style (chairs in rows) _____ Classroom style (tables with chairs)

_____ Conference style (tables set up in U-shape) _____ Custom (please explain below)

Additional information and request (i.e., kitchen use, technical assistance):

Room Use Fee:

CAD members, Deaf non-profit local:		Free
Non-local, non-profit:	Up to 3 hours:	\$125.00
	Day Rate:	\$275.00
Business or Commercial:	Day Rate:	\$525.00

***A refundable security deposit of \$500.00 is required to book the room.**

It is hereby understood and agreed, if this application is granted, the undersigned will assume all and exclusive responsibility for the preservation of order and the sole exclusive liability for any injury to persons, and any damage to, or loss of property that may result from this use, and for the due observance of all regulations of the Board of Calgary Association of the Deaf (CAD). The organization agrees to indemnify the Calgary Association of the Deaf (CAD) and hold the same harmless against all claims, demands, damages, costs, and expenses including reasonable attorneys' fees for the defence of such claims, arising out of the organizations of the meeting room.

Also, it is understood and agreed between the applicant and the Calgary Association of the Deaf (CAD) that the applicant has read the regulations governing the rental of the room(s) and that the condition contained herein will be observed. If applicable, payment must be received promptly once you have received confirmation that your application has been approved.

Signature of Organization's Executive Officer/Applicant: _____

Date: _____

Please send this application to:

Calgary Association of the Deaf
103 – 2816 11 Street NE
Calgary, Alberta T2E 7S7

Email: President@deafcalgary.com

Note: Your organization is responsible for alerting your attendees to the parking information. Otherwise, they may be ticketed.

Office Use Only Confirmation of Reservation

Reservation is hereby approved and confirmed of the space required as indicated above.

Signature of CAD Executive Officer: _____

Date: _____

Payment of \$_____ has been received by:

____ E-transfer to Treasurer@deafcalgary.com (memo: include your name and room rental)

____ Cheque

____ Bank Draft