



**City Centre Community Association**  
5900 Minoru Boulevard  
Richmond, BC, V6X 2T7

**Room Rental Request Form**

**Email:** TLa@richmond.ca

**Phone:** 604 204-8568

**Fax:** 604 204-8589

**APPLICANT INFORMATION**

<b>Date of Application:</b>	<b>Department/Group Name:</b>
<b>Contact Name:</b>	<b>Private</b> <input type="checkbox"/> <b>Non-Profit</b> <input type="checkbox"/> <b>Society No:</b>
<b>Email:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Postal Code:</b>

**BOOKING INFORMATION**

<b>Space Requested:</b>	Multipurpose (MP4) <input type="checkbox"/>	Banquet Hall (MP1) <input type="checkbox"/>	Meeting Room (MTG1) <input type="checkbox"/>				
	Board Room (MTG2) <input type="checkbox"/>	Meeting Room (MTG3) <input type="checkbox"/>	Multipurpose (MP2) <input type="checkbox"/>				
<b>Day(s) of the Week:</b>	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
<b>Type of Booking:</b>	One Day <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	<b>Equipment:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Fee \$50)	
<b>Start Date:</b>				<b>End Date:</b>			
<b>Start Time:</b>				<b>End Time:</b>			
<b>Type of Event:</b> Meeting <input type="checkbox"/> Event <input type="checkbox"/>	<b>Describe the nature of your Meeting/Event:</b>						
<b>Number of Tables Required:</b> Round Tables	Rectangular Tables			<b>Number of Chairs Required:</b>			
<b>SOCAN/RE-SOUND Fee:</b>	No Music or Dancing <input type="checkbox"/>		Music <input type="checkbox"/>	Music and Dancing <input type="checkbox"/>			
<b>Is this meeting/event private or will it be open to the public?</b>				Private <input type="checkbox"/>		Public <input type="checkbox"/>	
<b>Are you planning to promote your meeting/event to the public?</b> If yes, please provide a copy of all promotional material such as posters, press releases, online promotions, public invitations prior to them being made public.				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b>Will the event include:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> Provincial	<input type="checkbox"/> Municipal	<input type="checkbox"/> Elected officials and/or candidates for elected office			
<b>Do you intend to serve Food/Alcohol? Additional requirements apply to these events</b>				Yes <input type="checkbox"/>		No <input type="checkbox"/>	

**PAYMENT INFORMATION**

<b>Please Select Method of Payment:</b>				Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>	
<b>Name of Cardholder:</b>				<b>Card Number:</b>			
<b>Type of Card:</b>	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Amex <input type="checkbox"/>	<b>Expiry Date:</b>			

**THIS FORM DOES NOT GUARANTEE SPACE\***

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**SIGNATURE**

<b>Staff Use Only:</b>
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