

Bold Center & McArthur Place Facility Booking Request Form



where *life* happens



FACILITY BOOKING REQUEST FORM

for the Bold Center and McArthur Place

PERMIT # _____

IMPORTANT INFORMATION: To book a facility at McArthur Place or the Bold Center please complete this Facility Booking Form and submit it to the Bold Center Front Desk; Fax to (780) 623-3808; or email to bookings@laclubichecounty.com A Bold Center staff member will contact you between 8:30am – 7:00pm, Sunday - Saturday to confirm details.

1. 25% down payment + the Damage Deposit is due immediately to confirm the booking, EXCEPT for Birthday Parties which will require Full Payment at time of booking. Remainder of the payment must be paid one week prior to the event date. The Damage Deposit amount will be dependent on the type of event you are booking.
2. Acceptable payment: VISA, MasterCard, AMEX, cash, debit or cheque payable to: Lac La Biche County.
3. **CANCELLATIONS:** if cancelled more than 90 days before the event the charge is \$25.00; less than 90 days the cancellation fee will be ½ the rental cost; if less than 30 days the cancellation fee will be the full rental cost.
4. **If booking on behalf of an Organization, please provide the Organization's complete mailing address.**

Booking for PRIVATE Event	Booking for an ORGANIZATION Event
<i>(ie; wedding, dance, bridal shower, birthday, etc.)</i>	<i>(ie; meetings, safety fair, curling bonspiel, etc.)</i>
Name/Agent: _____	Name of Organization: _____
<input type="checkbox"/> Patron's Profile already in ActiveNet.	<input type="checkbox"/> Organization Profile already in ActiveNet.
Email: _____	NOTE: an 'Agent' needs to be attached to the Organization's booking so our office will need the personal information of the person requesting the booking. If your profile is in ActiveNet please check off the box in the left column. If there is no Agent profile please complete the left column with your personal information.
Birthday (MM/DD/YEAR): _____	Agent requesting the booking: _____
Mailing Address: _____	Email: _____
Town: _____ P-Code: _____	Mailing Address: _____
Home #: _____	Town: _____ P-Code: _____
Cell #: _____	Work #: _____ Cell #: _____
Work # _____	Fax #: _____
Fax #: _____	

NAME OF EVENT: _____

Date(s) of Event _____ **Time:** start _____ end _____

Will this function reoccur? (circle one) YES - NO IF YES, please list dates and times: _____ *(attach sheet if req'd)*

TOTAL # IN ATTENDANCE _____ **Is FOOD being served:** ___ Yes ___ No

LIQUOR being served? ___ Yes ___ No **If YES, a Liquor License copy must be provided to the Bold Center 2 days before function is held.**

INSURANCE REQUIREMENT: The Owner requires certain activities meet minimum insurance requirements. Activities requiring insurance include, but are not limited to, hockey, ringette, ball hockey, and events with alcohol. Please see Appendix A, Item #22

MUSIC: Will music be part of your event? ___ Yes ___ No **If YES, will there be dancing?** ___ Yes ___ No
 If music is part of your event Lac La Biche County is mandated by law to collect a licensing & copyright fee on behalf of SOCAN. The fee amount will be dependent on the facility you rent and whether or not there will be dancing. *SOCAN (the Society of Composers, Authors and Music Publishers of Canada) is a not-for-profit organization that represents the Canadian performing rights of millions of Canadian and international music creators and publishers.*

Your personal information is being collected under the authority of and pursuant to section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Manager, Legislative Services for Lac La Biche County at 780-623-6806.

If you request your booking to exceed the regular facility hours you will be subject to additional fees and charged.

FACILITY REQUESTED		REQUIREMENTS (* indicate how many needed)	
___ ATB Room (bd, bq, f, m)	___ Performance Arena	Tables	Badminton nets* ___
___ CALA Room (d, f)	___ Swamp Cats Arena	• rectangular* ___	Basketball nets* ___
___ Clark Room (bd, f, m)	___ Cenovus Fieldhouse #1 (soccer field)	• circular* ___	• score clocks* ___
___ Devon Kitchen (see below)	• full gym ___	<i>Rectangle tables are 4'x8' and Round tables are 5' across.</i>	Volleyball nets* ___
___ Devon Room (all)	• half gym ___	Chairs ___	• scorecards* ___
___ McArthur Kitchen	___ Cenovus Fieldhouse #2 (wood floor)	Stage (# of panels) ___	• antennas* ___
___ McArthur Room (all)	• front court ___	<i>Each panel is 4'x8' and there are 16 panels in total.</i>	
___ McArthur Tea Room (bd, f, m)	• middle court ___	AUDIO VISUAL	
___ Multipurpose Room (d, f)	• back court ___	• sound system ___	• projector ___
___ Viewpoint Room (m)	___ NEC Curling Rink (___ # of sheets)	• podium & mic ___	• screen ___
BD=birthday; BQ=banquet; D=dance; F=fitness; M=meeting; All=all of the above			
BALL DIAMONDS: Downtown diamonds 1 2 3 4 ___ Concession Bldg.			
ACCESS to the Devon Room Kitchen		<i>If you require access to the Devon Room kitchen pantries (pots, pans, dishes, etc.) you will be required to meet with our Custodial Department 7 days prior to your function date.</i>	

APPENDIX "A" - Lac La Biche County Facility Rental Agreement

This Agreement made the _____ day of _____, 201__.

Between Lac La Biche County **and** _____ **(Name of individual)**
(Herein after referred to as the "Owner") *(Herein after referred to as the "Renter")*
 _____ **(Organization...if applicable)**

1. Fees are subject to change and it will be the responsibility of the Renter, upon notification, to cover the difference.
2. The Renter agrees to pay 25% of total fees plus the full Damage Deposit upon execution of this agreement, and the remainder one week prior to the event date. Birthday parties and private ice bookings will require full payment at time of the booking.
3. In the event the Function serves liquor, it is the responsibility of The Renter, at its sole cost and expense, to arrange for and ensure that a Liquor License has been purchased and forwarded to The Owner within 7 days of the Function. The Renter also ensures servers are certified with "pro-serve" or equivalent/appropriate certification during function.
4. If the County determines your Function requires insurance, The Renter shall be required to maintain throughout the Term of this Agreement, comprehensive general liability insurance satisfactory to the County in the minimum amount of \$2,000,000.00 with respect to its use of the Space during the Term of this Agreement, naming the County as an additional insured, and to provide a certificate evidencing same to the County within 7 days of the Function. Without limiting the generality of the foregoing, such public liability insurance shall contain provisions for cross-liability, severability of interest, and no cancellation or alternations without the consent of the County or adequate notice to the County.
5. The Renter agrees to use the facility only for the function as indicated, and during the agreed upon Rental Period.
6. The Renter agrees to leave the facility in the same condition prior to their event beginning.
7. The Renter assumes responsibility of the facility and all rented equipment. Facilities staff will conduct pre and post inspections of facilities. Deposits will be returned upon satisfactory post inspection. In the event the facility requires extra cleaning or damages, charges will be deducted from damage deposit or groups or individuals will be invoiced if fees exceed the damage deposit cost.
8. In the event The Renter undertakes or permits any activity within the facility or the facility grounds, which may be a nuisance or cause property damage or may cause personal injury, or in the event The Renter is in default of any of the terms and conditions herein, The Owner may terminate the Agreement forthwith immediately.
9. Additional staging and decorating is up to the Renter. If additional time is required it will be charged accordingly.
10. The Renter must be 18 years of age to book a facility, and is responsible for communicating terms and conditions to all participants.
11. Smoking is prohibited as per the Province of Alberta's Tobacco Reductions Act. It is legislation that smoking is done 5 meters from any and all facility entrances.
12. The Renter must abide with all Municipal, Provincial, and Federal laws, regulations and bylaws, and will obtain, at its own expense any and all necessary insurance, permits, licenses, and approvals as required by The Owner.
13. The Renter must have written approval from The Owner to post any promotional, marketing, retail, and other commercial advertising within the facility.

14. All incidents/accidents are to be reported immediately to The Owner's personnel, following their Emergency Procedures as instructed by the administration.
15. The Renter must abide by all facility regulations posted.
16. All youth participants must have adult supervision in attendance at all times.
17. Early admittance of up to 15 minutes will be considered depending on prior user groups and necessary cleanup/setup. Any additional setup time required needs to be arranged at the time of the booking and will be charged accordingly. The Owner does not have the facilities available to store the Renter's belongings prior to or after your facility rental time.
18. Keys/Swipe cards, if required, will be issued and returned to the McArthur Place Guest Services desk.
19. Facility keys for the hockey/soccer change rooms are available for sign out at the Bold Center Guest Services desk and are the responsibility of the individual who signs them out. If unreturned, this individual or the Organization will be contacted to return the keys or may be charged for replacement.
20. Emergencies or situations beyond the reasonable control of The Owner may result in cancellation of the Rental Contract. The Owner shall give The Renter as much notice as reasonably possible. Alternate times may be negotiated.
21. Maximum room capacity shall not be exceeded.
22. Participants are not allowed to access other facilities within Bold Center, and McArthur Place during the duration of their booking.
23. The Renter must have written approval from The Owner to affix anything inside or outside the Facility. Decorations, if approved, are to be fire proof material. No decorations and/or tape are allowed on drywall area of walls. No tape allowed hanging decorations on walls. No staples, tacks or nails to be used on ceilings or walls. Nothing will be removed from the walls, (ie; plaques, flags, framed pictures etc.). All decorations must be completely removed immediately after the function is over. Flame candles and confetti are not permitted in the facility.

IN WITNESS WHEREOF the parties hereto have executed this Agreement as of the day and year first above written.

The Owner, by its authorization representative Per: _____

Witness

X _____
Renter (Please sign on the above line next to the **X**)

To be completed by Lac La Biche County Bold Center staff

Booking Request Form received: ___ in-person ___ email ___ fax Date Received: _____ Staff Initial ___

Facility booking processed by: _____ Permit # _____

Damage Deposit received Yes ___ No ___ Amount _____ Date received _____ Staff Initial ___

↳ Paid by: Cash Cheque # _____ Debit VISA MasterCard AMEX

Full Damage Deposit refund Yes ___ No ___ Amount _____ Date processed _____ Staff Initial ___

Partial Damage Deposit refund Yes ___ No ___ Amount _____ Date processed _____ Staff Initial ___

{if partial refund indicate reason(s) below}

25% Down payment received Yes ___ No ___ Amount _____ Date received _____ Staff Initial ___

↳ Paid by: Cash Cheque # _____ Debit VISA MasterCard AMEX

Full payment received Yes ___ No ___ Amount _____ Date received _____ Staff Initial ___

↳ Paid by: Cash Cheque # _____ Debit VISA MasterCard AMEX

Remainder of O/S balance received Yes ___ No ___ Amount _____ Date received _____ Staff Initial ___

↳ Paid by: Cash Cheque # _____ Debit VISA MasterCard AMEX

SOCAN Music License Fee Applicable/Not applicable Amount _____ Date received _____ Staff Initial ___

Liquor License received Yes ___ No ___ Not applicable _____ Date received _____ Staff Initial ___

Insurance Certificate received Yes ___ No ___ Not applicable _____ Date received _____ Staff Initial ___

User Agreement signed Yes ___ No ___ Not applicable _____ Date received _____ Staff Initial ___

Keys/Swipe Cards signed out (if applicable) Yes ___ No ___ Not applicable _____ Date received _____ Staff Initial ___

Reason(s) for partial refund returned on Damage Deposit: _____

(Custodial staff name: _____)