



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

Room Rental Request Form

Email: KChakal@richmond.ca

Phone: 604 204-8566

Fax: 604 204-8589

APPLICANT INFORMATION

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

BOOKING INFORMATION

Space Requested:	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"/>	
Day(s) of the Week:	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"/>
Type of Booking:	One Day <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Equipment:	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Fee \$50)	
Start Date:				End Date:			
Start Time:				End Time:			
Type of Event: Meeting <input type="checkbox"/> Event <input type="checkbox"/>	Describe the nature of your Meeting/Event:						
Number of Tables Required: Round Tables <input type="checkbox"/> Rectangular Tables <input type="checkbox"/>	Number of Chairs Required:						
SOCAN/RE-SOUND Fee:	No Music or Dancing <input type="checkbox"/>	Music <input type="checkbox"/>	Music and Dancing <input type="checkbox"/>				
Is this meeting/event private or will it be open to the public?	Private <input type="checkbox"/>	Public <input type="checkbox"/>					
Are you planning to promote your meeting/event to the public? 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"/>					

PAYMENT INFORMATION

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

THIS FORM DOES NOT GUARANTEE SPACE*

SIGNATURE

Staff Use Only:
