



City Centre Community Association
 5900 Minoru Boulevard
 Richmond, BC, V6X 0L9

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:	On-Site Contact: 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"/>	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 (Including Set Up):	End Time (Including Take Down):		
Type of Event: Meeting <input type="checkbox"/>	Event <input type="checkbox"/>	Describe the Nature of your Meeting/Event:	
Number of Tables Required:	Round Tables ___	Rectangular Tables	Number of Chairs Required:
Is Sound Amplification Required? Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please elaborate:	
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"/>	
Will this meeting/event be promoted to the public?			
If yes, all promotion material and/or signage must be submitted for approval prior to publication. Materials must be in English and include contact information for the host organization or individual. Secondary languages are permitted provided all messaging is also in English.			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Will this meeting/event include:	Federal <input type="checkbox"/>	Provincial <input type="checkbox"/>	Municipal <input type="checkbox"/>
	Elected officials and/or candidates <input type="checkbox"/>		
	for elected office		
Will members of City Council be invited to participate or attend?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If yes, it is strongly recommended that all members of Council are invited.			
Do you intend to serve Food/Alcohol?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Additional requirements apply to these events			

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:
