

## City Centre Community Centre 5900 Minoru Boulevard Richmond BC V6X 0L9

## Room Rental Request Form

E-mail: kchakal@richmond.ca Phone: (604) 204-8566 Fax: (604) 204-8589

## APPLICANT INFORMATION: Date of Application: Contact Name: Department/Group Name: Non-Profit □ Email: Private Society No: Address: Postal Code: Phone Number: Fax Number: **BOOKING INFORMATION:** Space Requested: ☐ Multi-Purpose (MP4) ☐ Banquet Hall (MP1) ☐ Meeting Room (MTG1) Board Room (MTG2) Meeting Room (MTG3) Multi-Purpose Room (MP2) Mon ☐ Tues $\square$ Wed ☐ Thurs Fri Sat Sun Day(s) of Week: Equipment: Yes No (Fee \$50) ☐ One Day Type of Booking: Start Date: Start Time: End Date: End Time: Type of Event: Meeting Social So Purpose of Social: Kitchen Access: ☐ Yes ☐ No If YES please connect with Kyle for details on Kitchen Estimated Attendance: usage Number of Tables Required: Rectangular tables Number of Chairs Required: Round tables Music SOCAN/RE-SOUND Fee: ■ No Music or Dancing Music and Dancing Credit Card Cash □ Cheque Please Select the Method of Payment: Name of Cardholder: Card Number: Type of Card: ☐ Visa ☐ MasterCard ☐ Amex **Expiry Date:** This Form does not guarantee space\* **SIGNATURE** STAFF USE ONLY: