

# Valley Waters - Community Room Rental Application

## PLEASE PRINT CLEARLY

Name of group requesting rental: \_\_\_\_\_

Contact person's name: \_\_\_\_\_

Contact person' address: \_\_\_\_\_

Most accessible Phone # and e-Mail Address: \_\_\_\_\_

Rental dates(s) being requested: \_\_\_\_\_

Type of event (eg. meeting, party, wedding reception, class, etc.): \_\_\_\_\_

# Attendees expected: \_\_\_\_\_

Facilities requested: (Check all that apply)

Community room \_\_\_\_\_

Kitchen \_\_\_\_\_

Small Meeting Room \_\_\_\_\_

Tables / Chairs \_\_\_\_\_

Other \_\_\_\_\_ please specify: \_\_\_\_\_

### Rental Conditions:

I agree to pay the required fee prior to the rental, as established by Valley Waters Staff. \_\_\_\_\_

I agree that I will provide a copy of my liquor license (as required). \_\_\_\_\_

I agree to not alter or cause damage, including holes in walls. \_\_\_\_\_

I agree to clean the facility, after the rental, to the state in which I found it. \_\_\_\_\_

I agree to lock the building and return the key, as per instructions from Valley Waters Staff. \_\_\_\_\_

I agree to notify Staff immediately if there are any mechanical issues encountered in the building. \_\_\_\_\_

I understand that the key is not to be copied. \_\_\_\_\_

I understand that I am responsible for an additional fee in the event of a lost key \_\_\_\_\_

I understand that I am responsible for an additional fee in the event of facility damage \_\_\_\_\_

Fees to be paid: \_\_\_\_\_

Signature of Renter: \_\_\_\_\_

Approved by: \_\_\_\_\_

Confirmation of fees received (staff signature and date): \_\_\_\_\_

Submit application to: [office@valleywaters.ca](mailto:office@valleywaters.ca), Fees may be confirmed by calling: 506-839-3011

Cancellation Policy: Non refundable if event is within 7 days.