

FACILITY RENTAL AGREEMENT

DALHOUSIE COMMUNITY CHURCH (referred to as DC)

5511 Baroc Rd. N.W., Calgary, Alberta T3A 4R1

Phone: (403) 286-8528 – Fax: (403) 247-3722

office@dalhousiechurch.com

www.dalhousiechurch.com

Facility Mission Statement: Our facility belongs to God and was constructed for disciple-making purposes. The facility shall be solely for functions that exalt God, practice fellowship, serve others and proclaim Jesus.

GENERAL INFORMATION

1. All rental requests must conform to the conditions outlined in the Use of Facilities document and are subject to approval by the Office Administration and/or Property Committee.
2. Complete the application form in full and return it to the office administrator at the above address with damage deposit. Rental is secured when damage deposit is received.
3. A Security Deposit of \$250.00 is required at the time of booking.
4. Fees listed are for use of facilities by outside groups or private parties, including members/adherents of Dalhousie Church, as per requirements of Revenue Canada for charitable organizations.

Organization/Group: _____

Name of Contact person: _____

Address: _____

Phone: _____ Mobile: _____

Fax Number: _____ Email: _____

Date (s) requested: _____ Hours: _____

_____ Hours: _____

Description of event and purpose of event:

Number of attendees: _____



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Type of group: Adult Youth Other _____

Time of event: _____

TOTAL CHARGES:

ROOM (S) \$ _____

Security Deposit: \$250.00 or 20% estimated cost \$ _____

Total \$ _____

Payment Options

Cash Cheque E-transfer

Date received: _____ By: _____

STATEMENT OF RESPONSIBILITY

The signature of the responsible individual or organization representative conveys acceptance and compliance with policies, requirements, changes and restrictions related to the agreed use of facilities and/or equipment of Dalhousie.

I/We _____, as official representative for _____ understand that as user (s) of the DC facility and/or equipment, am/are subject to any and all policies, applicable charges.

Signature: _____ Date: _____

Position: _____

Approved by Facilities Committee member, subject to receipt of security deposit.

Signature: _____ Date: _____



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FOR DCC USE ONLY

Damage Deposit Received _____ Name of Security Monitor: _____

Condition of facility after event: _____

Date Deposit Returned: _____ By (Name): _____



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