



FAIRVIEW COMMUNITY CENTRE
THEATRE BOOKING FORM

Event Date (s) _____

Name/Organization _____

Contact _____

Address _____

Phone _____ E-mail _____

Type of Event _____

Group Youth Adult Mixed

Time Required: Date _____ Time in _____ Time out _____

Date _____ Time in _____ Time out _____

Date _____ Time in _____ Time out _____

Facility and Equipment Requirements:

Theatre Technical

Additional Requirements: _____

Any damage incurred to the equipment beyond reasonable wear and tear, or required cleaning, will be the responsibility of the renter to reimburse, at the Town's discretion to be repaired, cleaned or replaced to return the rental unit to its original state. All associated costs will be the responsibility of the renter to reimburse the Town.

Renter Initials

Signature of Person Acting on behalf of the Organization

Fees / Charges

Rental Fee	Hours	Rate	COST
Theatre: - <input type="checkbox"/> Hourly - <input type="checkbox"/> Daily		\$50.00/hour \$300.00/day	\$
Non-Profit/ Youth Function*: - <input type="checkbox"/> Hourly - <input type="checkbox"/> Daily		\$25.00/hour \$150.00/day	\$
Private Birthday Party Movie – up to 2 hours			\$150.00
Audio/Video Tech		\$55.00/hour	\$
SUB TOTAL			\$
GST			\$
TOTAL COST			\$

** Youth shall be defined as, that all the participants, not including leaders, instructors, or coaches, are 17 years or younger.

Rental Fee Paid _____ Tech notified _____