



## Facility Rental Application

### Date

Function Date: \_\_\_\_\_

Function Name: \_\_\_\_\_

Start Time: \_\_\_\_\_ AM PM      End Time: \_\_\_\_\_ AM PM

### Contact

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Method of Payment

Please circle one:    Visa      MasterCard    Cheque      Cash

Card Number: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

### Your Event

Room Requested: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Describe Your Event: \_\_\_\_\_

Will you be serving liquor during the rental?      Yes      No

Special Occasion Liquor Permit Number: \_\_\_\_\_

**Rates**

Gallery 1	\$110/hr
Gallery 2	\$110/hr
Gallery 3	\$80/hr
The Studio	\$40/hr

A deposit of \$50 is required to confirm a booking.

**Summary of Charges**

Total Room Rate \$ \_\_\_\_\_

Date Deposit Received: \_\_\_\_\_

**Remaining Balance:** \$ \_\_\_\_\_

**Rental Agreement:** I have read and agree to the terms of Gallery Stratford's rental policy and procedures.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for renting at Gallery Stratford**

54 Romeo Street, Stratford, ON N5A 4S9

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