

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:
Bate of Application.	Department/Group Name:
Email:	Private □ Non-Profit □ 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) ☐	
Day(s) of Week:	∃ ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
Type of Booking: \Box One Day \Box Weekly	☐ Monthly Equipment: ☐ Yes ☐ No (Fee \$50)
Start Date:	Start Time:
End Date:	End Time:
Type of Event: ☐ Meeting ☐ Social Purpo	ose of Social:
	Kitchen Access: ☐ Yes ☐ No
Estimated Attendance:	If YES please connect with Kyle for details on Kitchen
Number of Tables Required:	usage
Round tables Rectangular tables	Number of Chairs Required:
SOCAN/RE-SOUND Fee: No Music or Dancing	☐ Music ☐ Music and Dancing
Please Select the Method of Payment:	☐ Cheque ☐ Credit Card
Name of Cardholder:	Card Number:
Name of Caranolaor.	Odra Hambor.
Type of Card: ☐ Visa ☐ MasterCard ☐ Amex	Expiry Date:
This Form does not guarantee space*	
	SIGNATURE
STAFF USE ONLY:	