

City Centre Community Association 5900 Minoru Boulevard

Richmond, BC, V6X 0L9

Room Rental Request Form

Email: KChakal@richmond.ca

Phone: 604 204-8566

Fax: 604 204-8589

APPLICANT INFORMATION	
Date of Application:	Department/Group Name:
Contact Name:	Private □ Non-Profit □ Society No:
Email:	Address:
Phone Number: On-Site Contact:	Postal Code:
BOOKING INFORMATION	
	et Hall (MP1) Meeting Room (MTG1)
Space Requested: Board Room (MTG2) ☐ Multipu	rpose (MP2) □
Day(s) of the Week: Mon □ Tues □ Wed □	Thurs
Type of Booking: One Day ☐ Weekly ☐ M	Monthly □ Equipment: Yes □ No □ (Fee \$50)
Start Date:	End Date:
Start Time (Including Set Up): End Time (Including Take Down):	
Type of Event: Meeting Event Describe the Nature of your Meeting/Event:	
Number of Tables Required: Round Tables Rectang	ular Tables Number of Chairs Required:
Is Sound Amplification Required? Yes □ No □ If yes	s, please elaborate:
SOCAN/RE-SOUND Fee: No Music or Dancing	Music □ Music and Dancing □
Is this meeting/event private or will it be open to the public? Private □ Public □	
If yes, all promotion material and/or signage must be submitted for approval prior to publication. Materials must be in English and include contact information for the host organization or individual. Secondary languages are permitted provided all messaging is also in English.	
Will this meeting/event include: Federal □ Province	cial Municipal Elected officials and/or candidates for elected office
Will members of City Council be invited to participate or attend? If yes, it is strongly recommended that all members of Council are invited. Yes □ No □	
Do you intend to serve Food/Alcohol? Additional requirements apply to these events	Yes □ No □
PAYMENT INFORMATION	
Please Select Method of Payment: Cash	□ Cheque □ Credit Card □
Name of Cardholder:	Card Number:
Type of Card: Visa □ Mastercard □ Amex □	Expiry Date:
THIS FORM DOES NOT GUARANTEE SPACE*	SIGNATURE
Staff Use Only:	