



HILLSIDE UNITED CHURCH PREMISE RENTAL APPLICATION

12 Flamingo Drive Halifax, NS B3M 1S5
 (902)443-2947 office@hillsideunited.org

CONTACT INFORMATION

APPLICANT'S NAME		GROUP NAME	
ADDRESS			
TELEPHONE		EMAIL	
EVENT DATE		EVENT START/END TIME	# PARTICIPANTS

REPEATING EVENT : YES NO DAY(S) OF WEEK:

ARE YOU A NON-PROFIT GROUP: YES NO DO YOU HAVE LIABILITY INSURANCE: YES NO

NATURE OF ACTIVITY/DESCRIPTION OF EVENT

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SPACE REQUESTED

HALL	KITCHEN	SANCTUARY
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PLEASE PROVIDE AN ALTERNATIVE CONTACT

NAME	ADDRESS	TELEPHONE	EMAIL

INCLUSIONS REQUIRED

TABLES	CHAIRS	OTHER	WI-FI ACCESS
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WILL THERE BE FOOD/BEVERAGE YES NO AND IF SO, PROVIDED BY :

WILL THERE BE ENTERTAINMENT YES NO AND IF SO, PROVIDED BY :

Please note that submitting this application does not guarantee approval.

If your request is approved, the following must be submitted within two weeks of your booking:

- **Proof of liability insurance** for your event, with coverage of **\$2,000,000**, naming **Hillside United Church as an additional insured**.
- A **\$200 damage deposit**, payable to **Hillside United Church**. This deposit is fully refundable, provided the space is left clean and orderly, with all chairs and tables returned to their original positions and no damage incurred.
- **Completed rental agreement**. This agreement will be sent to you once your event is approved.

SIGNATURE	
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DATE	
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FOR OFFICE USE ONLY:

APPROVAL

DATE APPROVED:	
LIABILITY INSURANCE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
DEPOSIT:	<input type="checkbox"/> YES <input type="checkbox"/> NO CHQ #:
AGREEMENT COMPLETED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE:	

PAYMENT

SUMMARY OF COSTS:

Facility Fee	
Other - Specify:	
Minus Deposit	
TOTAL DUE:	

Payment for the event must be received Hillside United Church ten (10) days prior to the event. Cheques made payable to Hillside United Church and in memo line, state name of event. Payment to be dropped at the office or if paying by e-transfer please email to office@hillsideunited.org and note where indicated the name and date of the event. If this is a weekly or monthly repeat rental, Rental is due the first of every month.

RENTAL FEE PAID IN FULL: YES NO

KEY DESCRIPTION _____ FOB # _____

KEY POSSESSION SIGNATURE _____ DATE: _____

KEY RETURNED: _____ SIGNATURE: _____