



## Multipurpose Room User Request Form

<b>Request Date:</b> <input type="checkbox"/> <b>Summer</b> (May 1-August 31)	<i>Request due by Mar. 15</i>
<input type="checkbox"/> <b>Winter</b> (September 1-April 30)	<i>Request due by Apr. 15</i>

**\*\*\* Please submit separate forms for each season**

<b>Organization:</b> _____	<b>Main Contact:</b> _____
<b>Main Contact email:</b> _____	<b>Main Contact Phone:</b> _____
<b>Existing User Group:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Non-Profit-If Yes # _____ <input type="checkbox"/> For Profit	
<b>User Group Category</b> <input type="checkbox"/> Minor <input type="checkbox"/> Adult <b>User Group Residency</b> <input type="checkbox"/> Local <input type="checkbox"/> Non-Local	
<b>Total Registrants:</b> _____	<b>If local - Residency %:</b> _____

*The City reserves the right to request the membership list from any and all user groups requesting facility access*

Billing Address: _____	City: _____
Postal Code: _____	Email: _____
Additional contacts: _____	_____
<i>Name &amp; Number</i> _____	_____

**User groups are to list all their session/class requests in the grid below.  
Attach a list if more than 2 locations required each day**

Day of week	Date Range	Start time/End time	Facility (BSRC/CCBCC/KNRRC) Rm Name/#	Nature of booking/event
Monday		/		
Tuesday		/		
Wednesday		/		
Thursday		/		
Friday		/		
Saturday		/		
Sunday		/		

User groups and CVO's will be required to provide registration numbers and residency percentage of their members.

Request for special events are to be submitted with annual allocation request.

All groups are responsible for SOCAN and RESOUND fees for their activities.

**All groups are required to provide liability insurance naming City of Beaumont as additional insured at the time of allocation request is made.**

Rental fees will be approved annually by council according to the fees and CHARGES Bylaw.

Personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for the administration and management of the City of Beaumont's Recreation Facility bookings. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.

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*User group Signature*

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*Facility Booking Clerk*

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*Date submitted*

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*Date received*



# Multipurpose Room Special Event Request Form

<b>Request Date:</b> <input type="checkbox"/> <b>Summer</b> (May 1-August 31)	<i>Request due by Mar. 15</i>
<input type="checkbox"/> <b>Winter</b> (September 1-April 30)	<i>Request due by Apr. 15</i>

**\*\*\* Please fill out a separate form for each special event**

<b>Organization:</b> _____	<b>Main Contact:</b> _____
<b>Main Contact Email:</b> _____	<b>Main Contact Phone:</b> _____
<b>Existing User Group:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Non-Profit-If Yes # _____ <input type="checkbox"/> For Profit	
<b>User Group Category</b> <input type="checkbox"/> Minor <input type="checkbox"/> Adult	<b>User Group Residency</b> <input type="checkbox"/> Local <input type="checkbox"/> Non-Local

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Additional contacts: \_\_\_\_\_ Email: \_\_\_\_\_

*Name & Number* \_\_\_\_\_

Event Name/Type: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Preferred Facility \_\_\_\_\_

Room Name/ Room #: \_\_\_\_\_

Times Requested: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

# of Tables: \_\_\_\_\_ # of Chairs: \_\_\_\_\_

***\*tables/chairs are subject to availability***

*Note, Requesting group is responsible for obtaining the necessary AGLC licensing*

Other Requirements (Silent Auction, 50/50 etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*User group Signature*

*Facility Booking Clerk*

*Date submitted*

*Date received*