



City Centre Community Centre
5900 Minoru Boulevard
Richmond BC V6Y 4C7

Room Rental Request Form

E-mail: mhewitt@richmond.ca Phone: (604) 204-8566 Fax: (604) 204-8589

APPLICANT INFORMATION:

Date of Application:	Contact Name:
Email:	Department/Group Name:
	Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> Society No:
Address:	Postal Code:
Phone Number:	Fax Number:

BOOKING INFORMATION:

Space Requested: <input type="checkbox"/> Banquet Hall (MP1) <input type="checkbox"/> Board Room (MTG2) <input type="checkbox"/> Multi-Purpose Room (MP2/MP4) <input type="checkbox"/> _____	
Day(s) of Week: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Type of Booking: <input type="checkbox"/> One Day <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Start Date:	Start Time:
End Date:	End Time:
Type of Event: <input type="checkbox"/> Meeting <input type="checkbox"/> Social	Purpose of Social:
Estimated Attendance:	Will you be using the kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Tables Required:	Number of Chairs Required:
SOCAN/RE-SOUND Fee: <input type="checkbox"/> No Music or Dancing <input type="checkbox"/> Music <input type="checkbox"/> Music and Dancing	
Please Select the Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
Name of Cardholder:	Card Number:
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Expiry Date:
This Form does not guarantee space*	
<hr style="width: 30%; margin: auto;"/> SIGNATURE	

STAFF USE ONLY: