



# ACF FACILITY RENTAL AGREEMENT

Payment for facility rental is due at the time of booking.

Checks are payable to:  
Autism Connections Fredericton

Phone: (506) 450-6025

Email: [makenna.odell@unb.ca](mailto:makenna.odell@unb.ca)

Name of Person/Group Booking Event: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Function: \_\_\_\_\_ Email: \_\_\_\_\_

Dates required: \_\_\_\_\_         
Day Month Year S M T W TH F S

Times(s) required: (set up and tear down time must be included in the rental hours).

From: \_\_\_\_\_  AM  PM To: \_\_\_\_\_  AM  PM

### Services Offered in your Facility Rental Fee:

- Deep sanitization before and after each rental
- Fully fenced in area with a wooden play climber, gazebo, picnic table and outdoor toys
- Fully equipped kitchen
- Fully equipped media room with Overhead Projector/Screen, Speakers and Wii
- 2 Large rooms with toys and gym mats
- 2 Bathrooms
- Blue light covers for sensory friendly events

	Facility or Service	Rental Fee	Total
	Facility Rental (based on availability)	\$150/day	\$
	Cameron's Room (15 people social distance max)	\$50/ half day \$100/ day	\$
	Birthday Party (full centre)	\$150	\$
	Open/ Close fee (includes cleanup)	\$25	\$
	Set up/ Tear down fee	\$25	\$
***	Damage Deposit (please issue a separate check)	\$50	\$
		Total	\$

**AUTISM CONNECTIONS FREDERICTON  
RENTAL POLICIES**

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**Furniture Kitchen Requirements**

- \_\_\_\_\_ Tables (folding; max 2\*\*)
- \_\_\_\_\_ Chairs (max 20\*\*)
- \_\_\_\_\_ Refrigerator
- \_\_\_\_\_ Stove/ Oven

**Equipment Requirements**

- \_\_\_\_\_ Overhead Projector/ Screen
- \_\_\_\_\_ TV/ DVD Player
- \_\_\_\_\_ Wii
- \_\_\_\_\_ Whiteboard and Easels

**\*Due to COVID-19 temperature checks and the provincial COVID-19 questionnaire must be completed before entering the facility. One staff member will ALWAYS remain on-site should there be any questions/concerns. All fees go directly to Autism Connections Fredericton.**

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1. One staff member will remain onsite for the entirety of the event.
  2. Nut and smoke free facility.
  3. No form of tape or adhesives are permitted on the walls.
  4. Any damages to the equipment or the facility will be the responsibility of those renting.
  5. No bookings are secured until payment is received in full at time of booking.  
Bookings and arrangement must be made at least **1 week** prior to the event.  
*Failure to receive payment will result in the loss of your booking*
  6. Cancellations: A full refund excluding a \$50 deposit will be given if cancelation notices are received at least **1 week** prior to the event.
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**RENTAL AGREEMENT**

Signatures on this form indicates the agreement of the renter to the terms and conditions outlined above and the approval of the rental application by Autism Connections Fredericton.

Facility Rental to be paid in full along with this form: \$ \_\_\_\_\_

**Renter's Name** (*print*): \_\_\_\_\_ **Signature**: \_\_\_\_\_ **Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approved by**: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_

Confirmation sent on: \_\_\_\_/\_\_\_\_/\_\_\_\_

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