

**ACF RENTAL**

**Payment for facility rental is due at**

**the time of booking**

Checks are payable to:   
Autism Connections Fredericton

Registered Charity Number: 8123 64420 RR0001

Phone: (506) 450-6025 Email: acf@nb.aibn.ca

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

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

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

**Dates required**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S M T W TH F S

Day

Month

Year

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

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

PM PM

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Facility or Service** | **Rental Fee** | **Total** |
|  | Facility Rental (based on availability) | $125/day | $ |
|  | Cameron’s Room (seats 40-45 people) | $15/ hour $50/ half day  $100/ day | $ |
|  | Board Room (seats 15 people) | $20/ hour | $ |
|  | Birthday Party (full centre) | $125 | $ |
|  | Open/ Close fee (on evenings and weekends only) | $25 | $ |
|  | Set up/ Tear down fee | $25 | $ |
|  | Key Deposit (to be returned with key) | $5 | $ |
| \*\*\* | Damage Deposit **(please issue a separate check)** | $50 | $ |
|  |  | Total | $ |

**Furniture Kitchen Requirements**

**Equipment Requirements**

\_\_\_\_\_ Overhead Projector/ Screen

\_\_\_\_\_ TV/ DVD Player

\_\_\_\_\_ Wii

\_\_\_\_\_ Whiteboard and Easels

\_\_\_\_\_ Tables (folding; max 4\*\*)

\_\_\_\_\_ Chairs (max 30\*\*)

\_\_\_\_\_ Refrigerator

\_\_\_\_\_ Stove/ Oven

\_\_\_\_\_ Dishes and Cutlery

**AUTISM CONNECTIONS FREDERICTON**

**RENTAL POLICIES AND RATES**

1. Include an email address for confirmation of booking.
2. Nut and smoke free facility.
3. Additional fees will apply when staff is required to:
   1. Open or close the facility on evenings or weekends - $25.00
   2. Set up tables and chairs, etc. - $25.00
   3. Tear down (put away tables and chairs) -$25.00

**\*\*The renter has the option to set up and tear down themselves, with no additional charges**

1. No form of tape or adhesives are permitted on the walls.
2. Any damages to the equipment or the facility will be the responsibility of those renting. A separate $50 damage deposit is required and will be returned pending damages.
3. No bookings are secured until payment is received in full

Bookings and arrangement must be made at least **1 week** prior to the event.  
Payment must be received at least **3 days** prior.  
*Failure to receive payment may result in the loss of your booking*

1. Cancellations: A full refund will be given if cancelation notices are received at least **24 hours** prior to the event. Unusual or emergency circumstances will be reviewed by the Executive Director.

**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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

Received by: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation sent on: ­­­­­­­\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_