

staff@mondragonco-op.ca | 905-846-4077

Co-op Centre Rental Agreement

Renter Member Information							
Surname		First Name		Mondragon Unit #			
Telephone Numb	er	Er	mail Address				
Rento	al Information						
Date		St	tart Time		End Time		
Rooms Rented		.			'		
Upstairs - Boardroom			Downstairs - Party Room & Kitchen				
	_						
Fee,	Deposit and Damag	e Liabil	lity				
The following payments must be made at least two weeks in advance of the event							
\$20.00	Rental Fee for use of the Co-op Centre		Payment Method		Date Paid	Staff Initials	
\$50.00	Deposit which may be refunded upon receipt after a satisfactory inspection of all facilities u	•	Payment Method		Date Paid	Staff Initials	
I understand that any damage caused to the Co-Op centre by myself, the renting member, or my guests will be repaired by the co-op at my expense. Repair costs will be deducted from the deposit and any costs greater than the amount of the deposit will be charged to me.							
SIGNATURE				DATE			

Renter Responsibilities

Renters are expected to return the co-op to its original state when the rental period is complete.

The following procedures should be observed:

- If decorating, only masking tape may be used
- Replace all furniture to the appropriate room(s) and locations
- Sweep and wash floors
- Clean, dry and put away any tableware that was used
- Ensure all appliances such as the oven and coffee maker are off
- Remove any excess food stored in refrigerator
- Clean any spills in oven
- Refill ice trays and replace in freezer
- Empty garbages and dispose of at renter's unit



- Turn off all lights
- Secure all doors and windows

The Renter is responsible for supplying their own party supplies, garbage bags and cleaning supplies. (e.g. soap, cleansers, mops. cloths for wiping etc.)

I understand my responsibilities as listed above. I understand that if I do not fulfill my cleaning responsibilities a fee may be deducted from my deposit.

SIGNATURE	DATE

Summary of Important Policies

- **Courtesy** -Those holding events should have consideration for people living near the Co-op Centre, especially where noise level is concerned. Any request to "tone down" should be met politely and responded to immediately
- **Guests** Members who are renting the Co-op Centre are responsible for guests and their actions. Guests of the Co-operative should be advised of the location of Visitor's Parking and the Co-Operative Vehicle Control Policy. Guests should also be advised of other Co-op policies and/or guidelines that may affect Co-op property or the personal rights of the Co-op members.
- **Children** -Children should be supervised at all times for their own safety.
- **Smoking -** The Co-op Center is a non-smoking facility.
- AV Equipment The equipment in the co-op Centre may be operated by responsible individuals.

I understand and agree to comply with the policies stated above. I understand that this is only a summary of Co-op Centre use policies and it is my responsibility to be familiar and comply with the entire policy.

SIGNATURE	DATE

Keys

Renters requiring keys for their private function will sign for and pick up the keys at the end of Co-op business hours the day before the keys are required.

OFFICE USE	Key Pick-up Window			Date		Time	
Sign Out			Sign In				
Date / Time		Staff Initials	Renter Initials	Date / Time	Staff Initials		Renter Initials

I understand it is my responsibility to keep the Co-op Center Keys safe while they are in my possession. I understand that if I fail to return the keys the corresponding Co-op Center locks will be replaced at my expense.

SIGNATURE	DATE



Inspection		PR	E-RENTAL	POST-RENTAL				
	DATE AND TIME OF INSPECTION	ı						
	Are the floors Clean?	?						
	s all the furniture in the correct place?	?						
	Is all tableware clean and put away?	?						
Are the refrigerator and oven clean?		?						
Are the ice-cube trays full?		?						
Are the garbages empty?		?						
		INSPECTOR INITIALS	RENTER INITIALS	INSPECTOR INITIALS	RENTER INITIALS			
Dep	Deposit Return Administration							
		(\$50.00)						
OFI		Cleaning Fee						
OFFICE USE		Repair Costs						
USE	Ke	y Replacement						
		Balance						
Deposit Returned OR All Fees Paid		Payment Method	Date Paid	Staff Initials	Renter Initials			