



THE ROYAL CANADIAN LEGION
KINGSWAY BRANCH No. 175
14339 – 50 Street, EDMONTON, AB T5A 0S9
Phone: (780) 425-8654 Fax: (780) 425-0134
E-mail: mgmt@kingswaylegion.com

Rev:Jan. 2026

Meeting Contract

Kingsway Branch #175 and _____

Enter into this Catering & Banquet Facility Agreement on the terms and conditions set out below.

Kingsway Legion agrees to provide the room(s), food, beverages, services and amenities described below and _____

agrees to pay the amounts described below:

Date of Agreement: _____

Date & Time of Event: _____

Number for Meeting: _____

____	Maple Leaf Ballroom (200 People)	\$300.00 / 2-4 Hrs. \$650.00 / 4-8 Hrs.
____	Wild Rose Ballroom (60 People)	\$200.00 / 2-4 Hrs. \$425.00 / 4-8 Hrs.
____	Board Room (20 People)	\$120.00 / 2-4 Hrs. \$250.00 / 4-8 Hrs.

Type of Meal Service: _____

____ Buffet - See menus for choices

Price is Per Person

____ Dinner – Buffet

____ Lunch – Soup & Sandwich or trays

____ Breakfast – Muffins, or fruit

____ Pop & Juice

____ Coffee & Water Only

____ Bartender - \$100.00

____ Podium / PA System - \$25.00

____ Projector / Screen \$100.00

____ Meeting with no food -

____ \$10 fee for water jugs and glasses
on tables

____ Room re-set charge \$275.00

Amenities: _____

Payment:

Payment required in full on the day of the event.

MENU PRICES MAY CHANGE DUE TO RISING COSTS

Deposit:

A ***NON-REFUNDABLE BOOKING/DAMAGE DEPOSIT*** equal to the **room rental amount + GST** is required at the time of booking.



THE ROYAL CANADIAN LEGION
KINGSWAY BRANCH No. 175
14339 – 50 Street, EDMONTON, AB T5A 0S9
Phone: (780) 425-8654 Fax: (780) 425-0134
E-mail: mgmt@kingswaylegion.com

Rev: Jan 2026

MEETINGS

The rentee(s) and all persons participating with the rentee(s) during the rental period will identify and hold harmless the RCL175 rentor for all claims of personal loss and injury that is not the responsibility of the RCL175 rentor.

THIS BOOKING/DAMAGE DEPOSIT IS NON-REFUNDABLE IF EVENT IS CANCELLED

Please note that we require confirmation of the number of guests to be served at least **8 working days** in advance. If the above meets with your approval, sign this contract and return to the Manager.

Date of Event: _____ Time: _____ Room: _____

<i>Rentee(s)</i>	<i>Contact #1</i>	<i>Contact #2</i>
Name of Group		
Contact Name		
Address		
City, Province		
Postal Code		
Home Phone		
Work Phone		
Cell Phone		
Email		
<i>Signatures</i>		

Florence Werner
Manager
Kingsway Legion Branch No. 175
(Rentor)

Date signed