



THE ROYAL CANADIAN LEGION
KINGSWAY BRANCH # 175
14339 – 50 Street, EDMONTON, AB T5A 0S9
Phone: (780) 425-8654 Fax: (780) 425-0134
E-mail: flo.werner@kingswaylegion.ca
Kingswaylegionbanquetrooms.ca

Rev: May 2026

BANQUET ROOM HALL RENTAL ONLY

Kingsway Branch #175 and _____
enter into this Banquet Facility Agreement on the terms and conditions set out below.
Kingsway Legion agrees to provide the room(s), and amenities described below and agrees to pay the
amounts as per terms and conditions described below:

1. **Date of Agreement:** _____
2. **Date & Time of Event:** _____
3. **Number in Party:** _____

4. **Banquet Room Requested:**
_____ Both Rooms Contact Management
_____ Maple Leaf 225 people \$1650.00 per day
_____ Wild Rose Ballroom: 60 people \$650.00 per day

5. **Set-up Day Before:**
_____ Maple Leaf Ballroom After 5:00 PM \$650.00 per day
_____ Wild Rose Ballroom After 5:00 PM \$200.00 per day

Must have own Liability Insurance and provide copy

Must have own liquor license and provide copy

6. **Bar Service:**
_____ Bartender \$150.00
_____ Corkage \$5.00 per person
_____ Dishes, cutlery and steam table
_____ \$7.00 per person
_____ **If bringing own bartender, must have ProServe**

7. **Music – SOCAN fee:**
(If applicable) _____ Maple Leaf Ballroom \$100.00
_____ Wild Rose Ballroom \$85.00

8. **Amenities: If requested**
_____ Chair Set-up \$350.00
_____ Tablecloths Colour: _____ \$7.25 each
_____ Napkins Colour: _____ \$1.75 each
_____ Podium/PA System \$25.00
_____ Projector & Screen \$100.00

9. **Hours:** _____ Liquor Services will stop at 1:00 AM

Music to be completed at 1:00 AM
Facility will be vacated by 2:00 AM

- 10. Deposit:**
- 10.1 Booking/Damage Deposit \$800.00** payment of damage deposit is required at time of booking. Refundable or partially refundable unless there is damage to the room or equipment.
- 11. Payment:**
- 11.1 FULL PAYMENT** is to be made **30 days prior** to the event.
- 11.2** If payment in full is not received **10 days prior** to the event, "RCL 175" at its discretion, **may cancel** the event and retain the non-refundable deposit.
- 12. Cancellation Policy:**
- 12.1 Booking/Damage Deposit is not refundable.**
- 12.2** Client/Rentee understands that upon entering into this Agreement, RCL 15 is committing time and resources to this Event and thus cancellation would result in lost income and lost business opportunities in an amount hard to precisely calculate. Therefore, the cancellation policy will remain.
- 13. Resolution of Disputes:**
- 13.1** The Parties agree not to post any negative information about the other arising out of this Agreement or Event on any online forum or website.
- 13.2** Both Parties agree to seed a third-party mediator or arbitrator for any disputes that arise as a result of this Agreement.
- 14. Force Majeure:**
- 14.1** The Client/Rentee(s) and all persons participating with the Client/Rentee(s) during the rental period will indemnify and hold harmless the (Rentor) for all claims of personal loss and/or injury, any damage, theft, or loss of property occurring at the Event.
- 14.2** Neither party shall be responsible for failure to perform this Agreement if circumstances beyond their control, including, but not limited to; Acts of God, shortage of commodities or supplies to be furnished by "RCL 175", or governmental authority.
- 15. Guests:**
- 15.1** Client agrees to provide "RCL 175" with the final total number of guests no later than **8 working days** before the Event.



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Please note that we require confirmation of the number of guests at least forty-eight hours in advance. If the above meets with your approval, sign this contract and return with a booking deposit of \$800.00.

Payment is required as per this agreement.

Extra charges will be billed separately.

Any changes to this Agreement must be in Writing & Signed by both Parties

<i>Rentee(s)</i>		
Name		
Address		
City, Province		
Postal Code		
Home Phone		
Work Phone		
Cell Phone		
Email		
<i>Signature</i>		

This document, along with its exhibits and attachments, constitutes the entire agreement between the parties. I have read and understand the above contract.

 (Please sign above)

 Print Name

 Florence Werner
 Manager
 Kingsway Legion Branch # 175



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Contract/Payment Schedule "A"

Name(s)/Organization: _____

Today's Date: _____

Date of Function: _____

Time: _____

of Guests: _____ Adults _____ Children

Room Booked: _____ Maple Leaf Room _____

Wild Rose Room _____

Room Rent: _____ Paid

Deposit: _____ Paid

Required: _____ Podium

_____ Mic

_____ Screen/Projector

_____ Decorations

_____ Supplying Own Decorations

_____ Centerpieces

_____ Supplying Own Centerpieces

_____ Tablecloths – Colour

_____ Qty _____

_____ White Chair Covers

_____ Qty _____

_____ Chair Covers – Colour

_____ Qty _____

_____ Napkins – Colour

_____ Qty _____

Dinner Served Time: _____

Menu: _____

Banquet Menu per Person: _\$ _____

Late Lunch Served Time: _____

Late Lunch Menu: _____

Late Lunch Menu per Person: _\$ _____

Head Table for: _____

_____ Not Served

Wine Glasses: _____

Wine: _____ Liters

_____ Bottles

_____ Pop

_____ Juice

_____ Punch

Bar Open: _____

Bar Closed: _____

Music Start Time: _____

SOCAN: _____ \$85.00

_____ \$100.00

Extra Remarks: If room has to be set up in a different way there will be a charge