



Family Services of Central Alberta Room Rental Agreement

Date(s) Required _____

Meeting time _____ to _____

Additional set up time _____ Additional take down time _____

of people expected _____

Name of organization _____

Contact name _____

Phone number _____ Fax _____

Email _____ FSCA Member? ____ Yes ____ No

ROOM REQUIREMENTS AND COSTS

Room Requested

_____ Room B	\$ _____
_____ Room C	\$ _____
_____ Staff Lounge	\$ _____
_____ Child Development Room	\$ _____

Equipment Required – Please inquire about our available IT equipment

Staffing and Other Charges

_____ Coffee	\$ _____
_____ IT Support	\$ _____
_____ Staffing outside regular business hours	\$ _____
TOTAL	\$ _____

Copy of Insurance Certificate provided

Deposit received

I have read, and agree to, the Room Rental Bookings and Related Fees and Charges.

Authorized signature of booking party Date

Booking approved by FSCA: _____

Please fax this form to:

Bonnie Joyes
Administrative Manager
403.343.6407
Phone: 403.309.5651