



STAIRS MEMORIAL UNITED CHURCH

44 Hester St.
Dartmouth, NS
B3A 1K2
(902) 466-4389
stairsmemorial@eastlink.ca

COMMUNITY SHARED SPACE AGREEMENT APPLICATION

LIABILITY INSURANCE NAMING STAIRS MEMORIAL UNITED CHURCH AS "AN ADDITIONAL INSURED" IS REQUIRED FOR YOUR EVENT IN THE AMOUNT OF \$2M COVERAGE. PLEASE CONTACT YOUR INSURANCE PROVIDER TO OBTAIN THIS RIDER, AND FORWARD WITH THIS CONTRACT.

CONTACT INFORMATION

Form with fields: DATE, APPLICANT'S NAME, GROUP NAME, ADDRESS, TELEPHONE, EMAIL, EVENT DATE, EVENT TIME, # PARTICIPANTS, REPEAT EVENT, DAY(S) OF WEEK, WEEKLY TIME (START-END), NATURE OF ACTIVITY/EVENT

SPACE REQUESTED

Form with checkboxes: HALL, COMMUNITY PARLOUR, SANCTUARY, PARKING LOT, OTHER

OTHER CONTACTS/COORDINATORS

Table with columns: OTHER CONTACTS, NAME, ADDRESS, TELEPHONE, EMAIL. Includes rows 1 and 2.

INCLUSIONS REQUIRED

Form with checkboxes: TABLES, CHAIRS, TABLE CLOTHS, OTHER. Includes text about food/beverage and set up/tear down responsibilities.

AUDIO VISUAL REQUIREMENTS (IF APPLICABLE)

(All AV or technical equipment to be utilized by authorized Tech Team members only. No exceptions.)

Form with fields: TECH SUPPORT VOLUNTEER/OPERATOR REQUIRED YES NO, VOLUNTEER AVAILABLE YES NO Name, # OF HOURS REQUIRED, ORGANIZER TO PROVIDE THEIR OWN TECH SUPPORT?, A/V SERVICES TO INCLUDE: SOUND, POWERPOINT, VIDEO RECORDING, VIDEO PRESENTATION, REHEARSALS

Please review and initial the following:

- 1. Our Tech Support team members are volunteers, and do not get paid for their time. Fees paid for Audio/Visual provisions support the ongoing maintenance and cost of equipment/replacement. These fees will be outlined in this agreement, and are in addition to rental fees and included in the total amount due.
2. While every effort will be made to support the audio or audio/visual requirements of the event organization, our members are volunteers and we cannot guarantee that problems will not occur. Stairs Memorial United Church is not responsible for any issues this may cause the event.
3. In the event that a Tech Team volunteer is not available to provide A/V services, the event organizer may provide their own sound equipment. A description of organizer's a/v equipment to be attached to signed contract.

SCHEDULES

I HAVE REVIEWED, SIGNED, AND/OR RECEIVED COPY OF THE FOLLOWING POLICIES FROM STAIRS MEMORIAL UNITED CHURCH (AS APPLICABLE) AND HAVE PROVIDED LIQUOR LICENSE TO WUC	<input type="checkbox"/> SCHEDULE A – COMMUNITY SHARED SPACE STANDARD CONDITIONS OF USE
<input type="checkbox"/> SCHEDULE B - FIRE REGULATIONS	<input type="checkbox"/> SCHEDULE C - ALCOHOL POLICY (IF APPLICABLE)
<input type="checkbox"/> SCHEDULE D - LIABILITY INSURANCE REQUIREMENT (IF APPLICABLE)	<input type="checkbox"/> COPY OF LIQUOR LICENSE HAS BEEN GIVEN TO STAIRS MEMORIAL UNITED CHURCH (IF APPLICABLE)

PAYMENT

SUMMARY OF COSTS:

Facility Fee	
Opening Closing Fee	
Set Up and Tear Down (if applicable)	
A/V Fee	
Other - Specify:	
Minus Deposit	
TOTAL DUE:	

Payment for event must be received by Stairs Memorial United Church ten (10) days prior to the event. Cheques made payable to Stairs Memorial United Church and in memo line, state name of event. Payment to be dropped at the office or if paying by e-transfer please email to stairsmemorial@eastlink.ca and note where indicated the name and date of the event. If this is a weekly or monthly repeat rental, post dated cheques must be provided annually.

FOR ONE TIME RENTALS: NON REFUNDABLE DEPOSIT OF \$50 TO BE PROVIDED UPON CONFIRMATION OF BOOKING. DEPOSIT PAID ON:

BALANCE OWING: \$ _____ PAID ON _____.

FOR REPEAT TENANTS: POST DATED CHEQUES WERE PROVIDED TO STAIRS MEMORIAL UNITED CHURCH ON

THIS AGREEMENT SHALL BECOME EFFECTIVE FROM DATE OF SIGNATURE AND SHALL REMAIN IN EFFECT FOR THE PERIOD AS CONTRACTED ABOVE. ENTERED INTO THIS ____ DAY OF _____, 20____.

Applicant Signature		Church Signature	
Date		Date	

RENTAL FEE PAID IN FULL: YES NO

KEY DESCRIPTION _____ **IF KEY NOT RETURNED, A CHARGE OF \$35.00 WILL BE INCURRED.**

ON _____, 20____

KEY POSSESSION SIGNATURE _____

APPLICATION TAKEN BY: _____ DATE: _____