		APPLE	BY UNITED CH	HURCH				
4407 Spruce Ave., Burlington, ON L7L 1L9								
Tel: 905-637-2942; FAX 905-637-0799								
Email: applebyoffice1@gmail.com								
ROOM USE REQUEST AND AGREEMENT								
COMMUNITY GROUPS								
Group Name:								
Contact Person:		Name:						
		Address:						
		Telephone:		CELL:				
		Email:						
Description of Ever	nt:							
One Time Booking	•	Date: Alternative Date:		ite:				
Repeat Bookings:		Dates:						
Start Time - Include	e Setup:							
Departure Time -								
Room(s) Requeste	d:							
Number of Particip	ants:							
Key(s) Required:				Key(s) Returned:				
Equipment Require	ed:							
Diagram of Setup:	Show on r	everse side, or a	nother page,	if needed.				
Rental Fee:		Rate:			Total Fee:			
				Fee Received				
Security/Damage [•	·						
Payment of securit				d the room				
Certificate of Liability Insurance Required for 2 M Received:								
SIGNATURE: Grou								
	king Rep.	- Virginia Jamies	son					
Date:								
** N.B. HELIUM FILLED								
HOLDING PARTIES IN THE HALL ARE REQUIRED TO PROVIDE A DEPOSIT OF \$250 , WHICH WILL BE RETURNED IF NO DAMAGE OCCURS.								
VVDICE WILL BE RETUI	אואבט וד ואט	DAIVIAGE UCCURS.						
COMMENTS:					<u> </u>			