



**MASTER RATES AND SCHEDULES BYLAW**  
**SECTION 4: RECREATION**  
**APPENDIX B: JUBILEE HALL RENTAL FEES**  
**July 18, 2017**

**REGULAR BOOKING FEES:**

- a) Hardwood side           \$150.00 + GST per day
- b) Carpet side             \$150.00 + GST per day
- c) Full Hall                 \$400.00 + GST per day includes Hardwood side, Carpet side, and Kitchen
- d) Multi-day Event – Full Hall and Kitchen  
                                      \$650.00 + GST from 4pm the day before the event to noon the day after the event for a single day event, additional days charged at regular rates
- e) Damage Deposit         \$500.00 (required to confirm booking for rentals a, b, c, d, k, l, m, o, p, q)
- f) Kitchen                  \$100.00 + GST per day
- g) Administration Fee     \$100.00
- h) Cleaning Fee            \$30.00 per hour
- i) Lost Key Charge         \$500.00 + GST
- j) Wabamun School        Subject to Joint Use Agreement

**RATES FOR REGISTERED NON PROFIT ORGANIZATIONS BASED IN VILLAGE OF WABAMUN**

**(Monday – Thursday Only):**

**(70% discount)**

- k) Hardwood side         \$45.00 + GST per day
- l) Carpet side             \$45.00 + GST per day
- m) Full Hall               \$120.00 + GST per day includes Hardwood side, Carpet side, and Kitchen
- n) Kitchen                 \$30.00 + GST per day

The damage deposit shall be used to offset any costs to the Village for damages, destruction, excessive cleaning required or loss of municipal property caused during the event and the responsibility of the party renting the Jubilee Hall. With passage of this schedule the schedule from July 7, 2015 is hereby repealed. This rate schedule comes into effect on July 19, 2017.

Approved by Council as noted above:

\_\_\_\_\_  
Chief Elected Official

\_\_\_\_\_  
Chief Administrative Officer



**SECTION 4: RECREATION  
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**RENTAL APPLICATION- Page One**

To be completed by applicant

DESCRIBE EVENT: \_\_\_\_\_ EVENT DATE: \_\_\_\_\_

NAME OF ORGANIZING GROUP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT'S PHONE NUMBER: 1) \_\_\_\_\_ 2) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CHECK IN DATE/TIME: \_\_\_\_\_ CHECK OUT DATE/TIME: \_\_\_\_\_

PROPOSED TIME(S) FOR THE EVENT: \_\_\_\_\_ ANTICIPATED ATTENDANCE: \_\_\_\_\_

WILL ALCOHOL BE SERVED? NO  YES  PALS INSURANCE & LIQUOR LICENSE REQUIRED

WILL THERE BE ENTERTAINMENT? NO  YES

❖ **SUBMIT A COPY OF THE MANDATORY \$1,000,000 LIABILITY INSURANCE NAMING VILLAGE OF WABAMUN AS ADDITIONAL INSURED**

**Special Items Requested: Podium, Runner, Microphone, Projector/Screen are free of charge**

RENTAL	RATE	QUANTITY	TOTAL
SUBTOTAL			
GST			
DAMAGE DEPOSIT			
TOTAL RENTAL COST			
TOTAL PAID			
BALANCE			



**SECTION 4: RECREATION**  
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**RENTAL APPLICATION- Page Two**  
To be completed by applicant

By signing this application, I hereby agree to the following:

- a) That I have completed this application and any false or misleading statements will be the sole responsibility of the applicant and in no way will the Village be held liable from any action or mishap that occurs as a result thereof. Furthermore, additional fees and/or penalties may apply.
- b) That I have read the Hall Package provided AND shall comply with the Jubilee Hall Policy and all other Municipal Bylaws and Policies applicable to this rental activity
- c) To submit all the necessary documents to process this application for approval
- d) To pay the damage deposit in full as required to confirm and secure the event date
- e) To pay any balance owing and due to the Village on or before 3pm two (2) business days prior to the event date
- f) To complete a walk through inspection with the Custodian prior to the release of keys and at the end of tenancy.
- g) To pay a cleaning fee of \$30.00 per hour if the level of cleanliness is found to be unsatisfactory or damage has occurred; this fee may be deducted from the damage deposit or invoiced directly to the applicant after the event.
- h) Any refund due to the applicant will be processed within the ten (10) business days following the event and mailed to the applicant directly.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

----- **FOR OFFICE USE ONLY** -----

RECEIPT NUMBER (Damage Deposit): \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

RECEIPT NUMBER (Rental Fees): \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

INSPECTION DATE AND TIME: \_\_\_\_\_

CALENDAR UPDATED: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_