

 PO Box 1711

Oliver BC. V0H 1T0

OliverCAC@gmail.com

OliverArtsCouncil.org

**ART LEARNED ART LOVED ART LIVED**

**QUAIL’S NEST ARTS CENTRE FACILITIES RENTAL CONTRACT**

This agreement made this on this day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

BETWEEN: **Oliver Community Arts Council** (referred to as licensor) AND

|  |  |
| --- | --- |
| **Organization/Business:**(referred to as Licensee) |  |
| **Contact Name:** |  |
| **Mailing Address:** |  |
| **Telephone:** | **Cell:** | **Email:** |

**Space(s) Rented:**  Studio Kitchen AV Equipment (complete AV Rental Form)

**Event / Usage Description:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of Event / Usage:** DAY(S) **\_\_\_**\_\_\_\_\_\_ MONTH(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_

$30-Single Use**:** 8:00 a.m.-1:00 p.m. $30 - 1:00 – 6 :00p.m. $30 - 6:00 – 11:00 p.m.

 $60-Full Day (any period of 2 or more of: 8a.m.-1 p.m., 1-6 p.m., 6-11p.m.) $100 -2 consecutive days

 $300-Weekly $75/week (July & August) $10-Kitchen Use

 Miscellaneous Items (see list in Renter Letter) Key Pickup /Return

| Rental Date(s) (dd/mm/yy) | Rental Type(anything not explained adequately above)  | Unit Rate | Quantity | Cost |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  **TOTAL AMOUNT DUE:** |  |

**CAUTION:** Payment required with completed rental contract. A booking shall not be considered confirmed unless the Licensee has completed all contractual responsibilities and paid the total rental fee in advance.

**Please send completed contract with payment c/o OCAC Treasurer to mailing / email address above.**

***The Licensee certifies that they have read this agreement, the Renter Letter included with rental package, and its regulations and conditions for use and agrees to abide by all regulations herein.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature of licensor representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature of licensee representative)

|  |  |
| --- | --- |
| *[ ]*  | *Cash Date Rec’d* |
| *[ ]*  | *E-trans Bank Ref # Date Rec’d***Internal Use Only**  |
| *[ ]*  | *Cheque # Date Rec’d* |