**AVENS – A Community for Seniors**
**Suite 1, 5710 – 50 Avenue**
**Yellowknife, NT X1A 1G1**

# Pavilion Dining Room - Main

## Rental Agreement Form

| | | |
|---|---|---|
| **Name of Organization/Group/Client:** | | |
| **Mailing Address:** | | |
| **Postal Code:** | | |
| **Main Contact Person:** | | |
| **Main Contact Phone:** | | **Cell:** |
| **Main Contact Email:** | | |
| **Secondary Contact Person:** | | |
| **Secondary Contact Phone:** | | |
| **Secondary Email:** | | |
| | | |
| **Number of Persons using the Room:** | | |
| **Date of Room Rental:** | | |
| **Arrival Time:** | | **Departure Time:** |
| **Daily Room Rental Rates** | ☐ **$600 For-Profit Organization**<br>☐ **$500 Not-for-Profit Organization**<br><br>**Add On:**<br>☐ **Catering (separate agreement)**<br>☐ **$50 – Visual Equipment**<br>☐ **$25 – Flip charts, paper & markers**<br>☐<br><br>**Total Cost:_____ Payment Method:_____** | |
| **Equipment Available:** | ☐ **TV's**<br>☐ **HDMI connection**<br>☐ **Tables / Chairs**<br>☐ **Coffee / tea / juice station** | |

| | |
|---|---|
| **Keys & FOB** | ☐ The undersigned, understand the FOB issued to me by Pavilion Dining (main) room is for my use only. I agree to keep the FOB in a secure way and to advise the Pavilion immediately if it should be lost or stolen. I understand that if I do not use the FOB in a responsible manner, I will be asked to return the FOB to the Pavilion.<br>☐ When using the FOB, as the user, you are responsible to ensuring no one passes through the doors that should not. This is for the security and safety of our residents/tenants.<br>☐ You are responsible for returning the FOB when no longer needed.<br>☐ **Replacement FOB will be $50.00.** |

We, as an organization/group/client will be oriented to the basic emergency evacuation procedure for the AVENS Pavilion Dining Room – Main and agree to assist all people in our group in understanding the basic evacuation procedure. We understand that in the absence of a contact person, another person from our group will be designated to assist all members of our group, if an emergency evacuation is necessary.

**Main contacts for all AVENS emergencies are:**

- ✓ AVENS Reception (867) 920-2443 Ext. 100
- ✓ Tanya Doherty, Executive Assistant (867) 920-2443 Ext. 104
- ✓ Steven Nicholas, Director of Operations (867) 445-5001
- ✓ Sara Fullerton, Chief Financial & Technology Officer (867) 920-2443 Ext. 102

We also understand that AVENS will not be supervising the activities that take place in the AVENS Pavilion Dining Room during our event, and that we, not AVENS, are responsible for ensuring that those activities are conducted safely and that they do not pose a risk to the people who attend our event.

**Responsibility:**
I have read and understand the terms and conditions of this agreement, its conditions, and I understand our obligations as set out by AVENS and the use of their facility Rooms.

Signed:_____Date: _____

Signed by (Print): _____

Witness Signature:_____ Date:_____

Witnessed by (Print): _____

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# Terms and Conditions
# for the Pavilion Dining Room - Main
# (the "Room")

- The rental of the Rooms must be done through the Executive Office, 920-2443 ext. 100.
- NOTE: **NO ALCOHOL IS PERMITTED IN THE ROOM**

**Set-up and clean-up of the groups using the Pavilion Dining Room - Main**

- ☐ All furniture must be rearranged back to its original position based on layout.
- ☐ Use of the television must be approved at the time of booking. Orientation of their use will be provided.
- ☐ Outside doors and the double doors leading to outside from the foyer are not to be propped open while using the room.

Please note that we are only able to loan out these Rooms if they are kept in good order by those who use them. Be respectful of our spaces.

Should there be a mess that you are unable to manage with the equipment supplied, please call to let us know. You may leave a message for the Housekeeping Department at (867) 920-2443 Ext 132.

## Cancellation Policy

- All reservations require at least 5 business days' notice of cancellations.
- The Client agrees to pay for any missing or damaged equipment, walls, furniture, AV equipment.
- The Client agrees to all terms and conditions.

I,_____agree to the above requirements/rates for the use of the Rooms and will complete the checklist ensuring all items are completed before leaving.

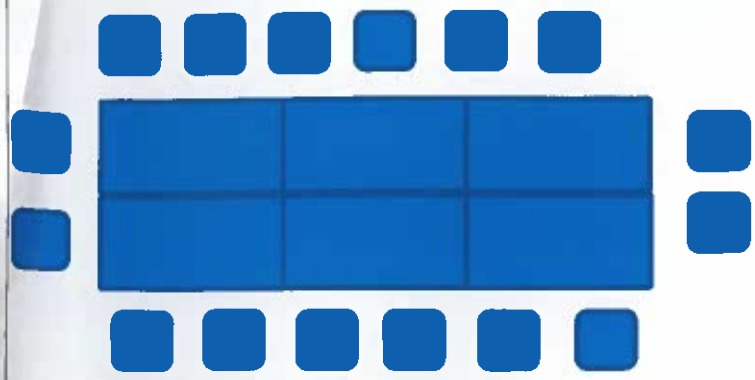
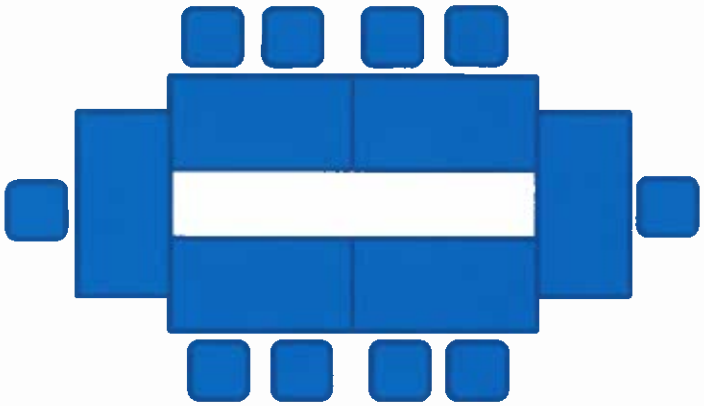
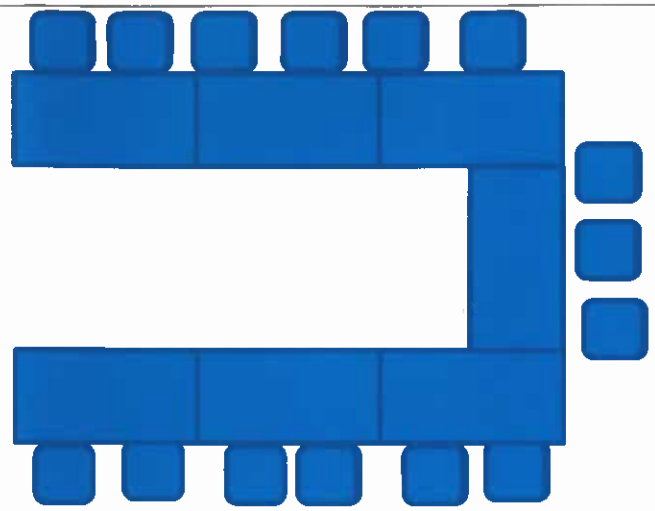
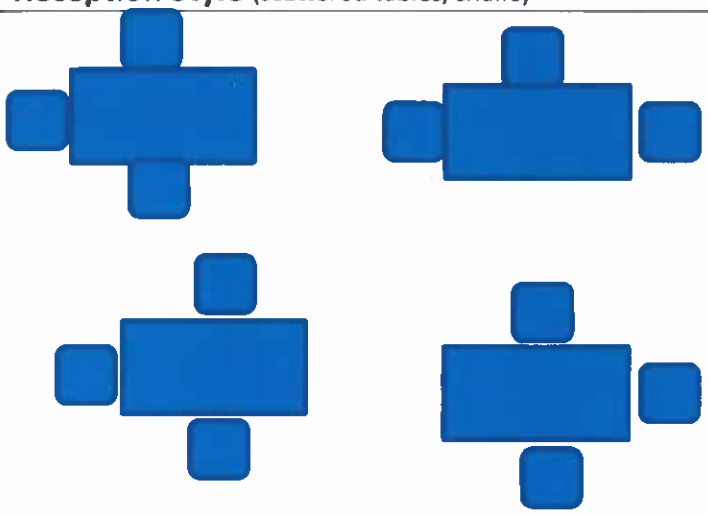
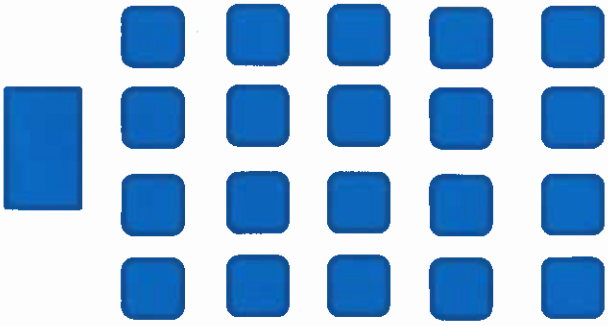
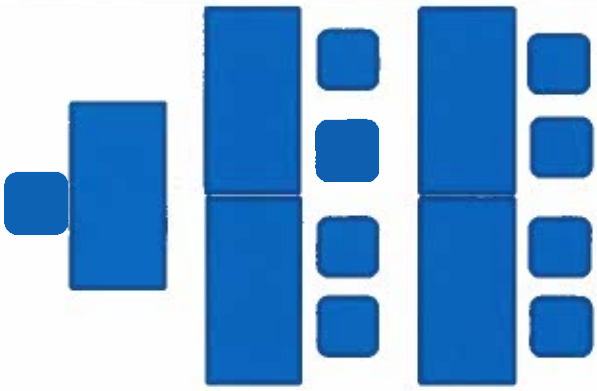
Signed:_____Date: _____

Signed by (Print): _____

Witness Signature:_____ Date:_____

Witnessed by (Print): _____

## ROOM SET UP STYLES (examples only – seating depends on room size

| Boardroom Style | Arbitration Style |
|---|---|
|  |  |
| **Boardroom U** | **Reception Style** (scattered tables/chairs) |
|  |  |
| **Theatre style** / **Lecture Style**<br>(no head table) (with head table or podium) | **Classroom Style** |
|  |  |