

## **Temporary Booking Contract**

## **Contact Information:** Name of Company/Organization/Group: Address: Phone: \_\_\_\_\_ Email: \_\_\_\_ Please Select the option that best describes you: Student \_\_\_\_ Student Group/Club \_\_\_\_ Faculty/Staff \_\_\_ Other \_\_\_ If Other, please specify: **Requested Booking Information:** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ **Requested Booking (Room):** Mingling Area \_\_\_\_\_ Elephant Room \_\_\_\_ CLC Boardroom \_\_\_\_ KDC Lounge \_\_\_\_\_ Requested Booking (Item): \*Please put number of Tables, Chairs or Tents being requested\* Tables Tents Lounge TV

\*It is the responsibility of the Company/Organization/Group requesting the booking to set-up AND take down all chairs and tables requested, unless expressed permission has been given from the Services Coordinator. Failure to do so will result in warning and ultimately the loss of booking privileges.\*

Chairs \_\_\_\_\_ Projector \_\_\_\_ Projector Screen \_\_\_\_

<b>Event Type:</b>				
Meeting Info Boo	oth V	endor	Other	
Description:				
If a Mingling Area Booking required?	g has been re	equested, is	close proximity t	o an electrical outlet
Yes No				
If a Room Booking has be (Please note, if your answ Yes No	•			plied by Bailey's)
Total Fee owed by			is \$	and
(Please prin	t name of Compa	any/Organizatio	n/Group)	
payable in advance of boo	oking date to	Brandon l	Jniversity Studer	nt Union (BUSU)
Signed at the City of Bra	ındon, in the	Province	of Manitoba	
This day of		, 20	<u>_</u> ;	
Applicant Name	(Please p			_
0'		,		
Signature		F	osition:	
*By signing the following doc application and temporary re presented by BUSU*				
Brandon University Stud	lent Union (E	BUSU)		
Name:		Signatu	ıre:	