



Application #: _____

Cugnet Centre & Colleen Weimer Hall

629 King Street, Weyburn, SK S4H 2S5
 Telephone: (306) 842-7494 Fax: (306) 842-5594
 contact.wchs@secpsd.ca www.wchs.secpsd.ca

RENTAL APPLICATION FORM

NAME OF EVENT: *		
Space Requested:		
<input type="checkbox"/> Cugnet Centre and Colleen Weimer Hall	<input type="checkbox"/> Colleen Weimer Hall	<input type="checkbox"/> Cugnet Centre (Gym Use Only)
<input type="checkbox"/> Mainil Dressing Room <input type="checkbox"/> Commercial Kitchen (separate rental form must be completed)		
Dates and Times Requested: (Includes set-up & clean-up)		
Set-up: (3 hrs. allowed without rental charges)	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:
Clean-up:	Start Time:	Finish Time:
Number of attendees: _____	Will alcohol be served at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Furniture and/or Equipment Requested: (please specify exactly what is required and how many)		
<input type="checkbox"/> Chairs: _____ <input type="checkbox"/> Tables (Rectangle): _____ Tables (Round): _____		
<input type="checkbox"/> Retractable Bleachers <input type="checkbox"/> Stage <input type="checkbox"/> Projector(s) <input type="checkbox"/> Microphones		
<input type="checkbox"/> Sound System / Lights <input type="checkbox"/> Operator Name(s): _____		
<input type="checkbox"/> Protective Flooring <input type="checkbox"/> Food Service		
Caretaker Cell: 306-861-7768		
Name of Contact Person: _____		
Address: _____	Postal Code _____	
Phone / Cell No: _____	Fax No. _____	
Email Address: _____	Non-Profit No. _____	
<input type="checkbox"/> The applicant has reviewed the Policies & Procedures and agrees with them herein.		
<input type="checkbox"/> The possibility of additional caretaking fees has been explained to the applicant & applicant is in agreement.		
<input type="checkbox"/> The Cancellation Policy has been reviewed by the applicant & applicant is in agreement.		
<input type="checkbox"/> The applicant is responsible to ensure all attendees abide by the Policies & Procedures. Any breach will result in forfeiture of the damage deposit.		
<input type="checkbox"/> Damage Deposit received - \$ 500.00		
<input type="checkbox"/> 50% Rental Deposit received - \$ _____		
<input type="checkbox"/> Copy of Liability Insurance received		
<input type="checkbox"/> Copy of Liquor License received and/or Security Plan		
<input type="checkbox"/> Copy of most recent Annual Return submitted to the appropriate government branch if renter is a non-profit		
Rental of Facility Waiver Form		
<p>Liability: The Applicant hereby agrees and obligates itself to save harmless and indemnify the South East Cornerstone Public School Board No. 209 against any and all claims, liabilities, demands, damages or rights of causes of action whatever, make or asserted by anyone rising out of or incidental to the application or to the use and occupancy of the permitted premises. (Note: Insurance carried by the South East Cornerstone Public School Division No. 209 does not cover user groups. In the event the Board of Education sustains any loss or damage for which the user group is responsible, the Board's insurers may claim reimbursement from the user group. Accordingly, it is advisable for the user group to purchase liability insurance covering the permitted activities. General liability insurance in an amount no less than two million dollars (\$2,000,000.00) per incident.</p> <p>Application: Approvals of all applications must be confirmed with the WCS. Applications for all rentals shall be endorsed by a responsible individual, who personally or on behalf of the organization agrees to pay the required rental fees and to abide by the rental policies & procedures.</p>		
Date	Signature of Applicant	

I hereby agree to personally and/or have the authority to commit the organization to pay the required rental fees and abide by the regulations as outlined in the attached Rental Policies & Procedures

APPLICATION APPROVAL

Supervision / Security Plan Accepted Yes N/A

Approved by WCS Yes No

Signature of Approval

FOR OFFICE USE ONLY

Fee Per Rental Period	\$	Invoice #	
Caretaker Fee (overtime)	\$	Misc. Fees: \$	
Rental Deposit	\$	Less Rental Deposit: \$	
Damage Deposit	\$	+ / - Damage Deposit: \$	

Total Fee: \$

Note: Fees will be charged on actual use and may be revised accordingly

Amended September 2022