

Cochrane & District Agricultural Society

PO. Box 897, Cochrane AB T4C 1A9
Operations Manager ~ 403-932-3250
cdasoperationsmanager@xplornet.com

SOUTH GROUNDS ~ FACILITY BOOKING AGREEMENT, POLICY & WAIVER

CLIENT INFORMATION:

Date: _____

Contact Name: _____

Company Name or User Group: _____

Phone: _____

Fax: _____

Email: _____

Mailing Address: _____

Event Name:

Provide your event details including schedule of activities(attach program if available):

of Riders: _____

of Spectators/Auditors: _____

of Vehicles: _____

Venue Requirements - BE SPECIFIC:

Arena requirements _____

Stabling requirements _____

Equipment/Maintenance requirements _____

Booked from (date): _____

Arrival Time: _____

Booked until (date): _____

Exit Time: _____

Times include set up, warm-ups, tear down & clean up. You will not have access to grounds before your arrival time.

SOUTH GROUNDS ~ FACILITY REQUEST:

Indoor Arena

of Premium Stalls @ barn

Outdoor Arena #1

of Outdoor Stalls @ barn

Outdoor Arena #2

of Temporary panel stalls @ indoor arena

Barn

Custom Stabling (provide details)

Arena Grooming (select one) NONE Morning ONLY

All Day

OTHER:

SOUTH GROUNDS ~ FEE SCHEDULE:

Indoor Arena Hourly Rate: \$ _____ x _____ hrs = \$ _____

Indoor Arena Full Day Weekday \$ _____ x _____ days = \$ _____

Indoor Arena Full Day FRI-SUN \$ _____ x _____ days = \$ _____

Indoor Arena 3 day Weekend = \$ _____

Outdoor Arena #1 Hourly Rate: \$ _____ x _____ hrs = \$ _____

Outdoor Arena #1 Full Day Weekday \$ _____ x _____ days = \$ _____

Outdoor Arena #1 Full Day FRI-SUN \$ _____ x _____ days = \$ _____

Outdoor Arena #1 3 day Weekend = \$ _____

Outdoor Arena #2 Hourly Rate: \$ _____ x _____ hrs = \$ _____

Outdoor Arena #2 Full Day Weekday \$ _____ x _____ days = \$ _____

Outdoor Arena #2 Full Day FRI-SUN \$ _____ x _____ days = \$ _____

Outdoor Arena #2 3 day Weekend = \$ _____

of Stalls _____ x \$ _____ per stall x _____ days = \$ _____

Arena grooming \$ _____ x _____ hours = \$ _____

Additional heat (minimum \$50 charge, \$16.50 per hour each 2 degree increase) \$ _____

Facilities Charge (rates dependant on booking request) \$ _____

Other (please explain) = \$ _____

Subtotal: \$ _____

GST 5%: \$ _____

TOTAL \$ _____

Rental Deposit (50% of total - booking confirmed when cheque clears) \$ _____ (cheque rec'd _____)

Refundable Facility Damage/Cleaning Deposit (50% of rental fee) \$ _____ (cheque rec'd _____)

Refundable Stall Cleaning Deposit (\$25 per stall) \$ _____ (cheque rec'd _____)

Balance is due 2 weeks before scheduled event: \$ _____ (cheque rec'd _____)

BALANCE DUE DATE: _____

BALANCE IS DUE 2 WEEKS PRIOR TO SCHEDULED EVENT

**DAMAGE DEPOSIT CHEQUES WILL BE REFUNDED NO LATER THAN 30 DAYS FOLLOWING EVENT.
FACILITY CHECKLIST MUST BE COMPLETED & SIGNED IN ORDER TO RECEIVE DAMAGE DEPOSIT REFUND**

Bookings WILL NOT be accepted or processed without: 1. Completed signed rental agreement package 2. Completed & signed policies & waiver 3. Payment 4. Damage Deposit 5. Insurance

By signing this agreement you have read, acknowledged & agreed to all fees, terms and policies set out.

Company/User Group/Client Name: _____

Authorized Signature: _____

Printed Name of Signature: _____

CDAS Approval: _____

Date: _____

office use only	
Date deposit recvd:	<input type="text"/>
Date balance recvd:	<input type="text"/>
agreement complete:	<input type="text"/>
waiver complete:	<input type="text"/>