



# CITY OF PRINCE ALBERT MARGO FOURNIER CENTER RESERVATION FORM

(Every field must be completed on this form)

## ORGANIZATION/PERSONAL INFORMATION

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date of Birth (Day/Month/Year): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## DETAILS OF RENTAL

Please note that set up and take down are the responsibility of the user and those times are included in your booking time.

Room:  Gym  Aerobics Room  Fitness Room

Times: Start \_\_\_\_\_ End \_\_\_\_\_

Date: Start \_\_\_\_\_ End \_\_\_\_\_

Start \_\_\_\_\_ End \_\_\_\_\_

Start \_\_\_\_\_ End \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Group:  Youth  Adult

Type of Activity (Ex. Sports, Meeting, Birthday): \_\_\_\_\_

## OFFICE USE ONLY:

### RENTAL CHARGES & PAYMENT METHOD

\_\_\_\_\_ Hours x \_\_\_\_\_ Rate = Total \$

\_\_\_\_\_ Hours x \_\_\_\_\_ Rate = Total \$

Grand Total: \$ \_\_\_\_\_

Payment Method: \_\_\_\_\_ (Payment is required before the booking takes place)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Permit #