



**Rental Agreement:**

As the Group Leader/Coordinator, I, \_\_\_\_\_, represent our group and agree to abide by the conditions set forth by Threshold Ministries as are listed below:

- Gambling and smoking are not permitted in the building. Smoking is permitted outside, in the designated smoking area.
- Alcoholic beverages are permitted with a Special Occasion Permit (SOP), issued under the *Liquor Control Act*. The permit must be presented to a member of the Threshold Ministries staff prior to the event.
- Pets are not permitted in the building.
- Use of the meeting room past the designated time (up to a one hour maximum), will be added to the final bill. This will be based on availability of the room.
- The administration office reserves the right to reassign meeting areas based on the size of the group and requirements.
- Damages to furnishings, equipment and building will be added to the group's final invoice.
- Minors cannot be left unsupervised.
- Invoices must be paid within 30 days.

I, \_\_\_\_\_, hereby release and discharge Threshold Ministries, its director and employees from any claims, cause of action, costs, obligation or financial responsibility resulting from or arising out of any incident, injury or accident occurring while our group is using the facilities at 105 Mountain View Drive, Saint John, NB, at Threshold Ministries.

**Cancellation Policy:**

- Cancellations more than 31 days in advance, a full refund will be issued.
- Less than 30 days in advance of any bookings, the deposit will be forfeited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**THRESHOLD MINISTRIES**

Information Form and Group Rental Agreement

Threshold Ministries is looking forward to accommodating your group. Upon receipt of the signed Conditions for Use, rental agreement **and** your deposit, we will confirm your reservation.

All sections must be completed or the form will be returned to you.

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Address

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Phone #

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Fax#

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Group Leader/Contact Person

\_\_\_\_\_  
Email Address

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Contact (Day)

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Contact(Cell)

\_\_\_\_\_  
Arrival Date/ Time of Function

\_\_\_\_\_  
Departure Time

\_\_\_\_\_  
Expected # Guests

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Sent \_\_\_\_\_

Date Received \_\_\_\_\_

Deposit Received \$ \_\_\_\_\_

Received by \_\_\_\_\_

Final Payment Received \_\_\_\_\_

