Campus Operations

  436 7th Street East, The Pas. MB 204-677-6580 bookings@ucn.ca

Booking Package THe pas CAMPUS



Thank you for inquiring about UCN facilities. The **USER** requests UCN allow use of the Facilities for the Event outlined below:

***Please Print***

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| * Boardroom  Cafeteria * Meeting Room  Gymnasium * Classroom If other, please specify:   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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**USER NAME**

What is the name of your

Company or organization

and your address?

**PURPOSE OF USE**

What is the purpose of the event for which you intend to use the facilities?

**EVENT – DATE & TIME**

When do you need the

facilities? (Please include any setup and clean-up time.)

**FACILITY USE REQUIRED**

What UCN offices, facilities and equipment do you wish to use? If equipment is required, give full details.

**SIZE OF EVENT**

How many individuals will

be on the premises during

the event?

**ATTENDEES**

Who will be attending the

the event? Will it be open to the public or by invitation only?

**SUPERVISION**

Who will supervise the event?

Include the name and position with your company or organization and the cellular phone number. (Please note that the supervisor must be present at all times during the event and must carry a cellular phone.)

***Please Print***

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**SECURITY**

Will you require any special security for the Event?

(Appropriate costs will be applied.)

**JANITORIAL**

Will you require any special janitorial services for the event?(Appropriate costs will be applied.)

**INSURANCE**

Does your company have

liability insurance for the

activities? What is the amount of the insurance coverage? *(The Facilities Use Agreement requires the User maintain commercial general liability insurance for not less than $2 million.)*

**SPECIAL REQUESTS or**

**ADDITIONAL INFORMATION**

Do you have any special requests or is there anything further we should know about your event?

**USER’S RESPRESENTATIVE**

Name and phone number of the person who will represent the USER.

**TERMS OF USE**

**Authorization of Access**

1. UCN authorizes access to the USER for the use of UCN’s facilities and/or equipment, furniture etc., related to facilities rental/usage on the terms of this Facility Use Agreement.

**Term of Use**

1. USER may only use UCN’s facilities and/or equipment, furniture etc., related to facilities rental/usage for the stated purpose.
2. USER may use UCN’s facilities and/or equipment, furniture etc., related to facilities rental/usage on the date and for the times indicated.
3. Time shall be of the essence for this Agreement, and the period of time granted shall not be extended for occupancy or use of UCN’s facilities and/or equipment, furniture etc., related to facilities rental/usage or for installation or removal of equipment without written permission from UCN’s Authorized Campus Manager.

**Rental Fee and Deposit**

1. USER shall pay a 35% deposit, to be received along with the Facility Use Agreement four weeks prior to the event.
2. USER shall pay the damage deposit and balance of payment due prior to the event.
3. Fees and any other payments due under this Agreement shall be paid by cheque made payable to University College of the North (UCN).
4. If payment is not received by the agreed time, UCN will cancel the booking. USER shall not be entitled to a refund of any deposit paid to UCN, unless cancelled in accordance to Cancellations section below. If USER fails to hold the event described in this Agreement at the agreed time, USER shall not be entitled to a refund of any deposit paid to UCN. The USER will be responsible for any additional costs incurred. UCN will return the deposit if the event is cancelled by UCN.
5. The deposit also secures any costs for which you are responsible under this Agreement. UCN may apply the deposit to those costs and bill you for any balance.
6. USER will pay all applicable taxes, if any, imposed by law in connection with its use and occupancy of the Facility.

**Cancellations**

1. A minimum of 5 business days’ notice must be given via email to the [bookings@ucn.ca](mailto:bookings@ucn.ca) when canceling a facility booking. USERS renting facilities during weekends or holidays must contact [bookings@ucn.ca](mailto:bookings@ucn.ca) by 12:00 noon the Wednesday prior to any weekend/holiday to confirm bookings.
2. All cancellations must be submitted to [bookings@ucn.ca](mailto:bookings@ucn.ca). USERS giving less than 5 business days’ notice will be charged 35% of the total rental amount for the scheduled rental time. USERS giving less than 2 business days’ notice or incurring no-show hours will be charged 100% of the total for the UCN facilities and/or equipment, furniture, applicable taxes etc., related to facilities rental/usage fees that were booked and unused.

**Use and Indemnification**

1. USER shall comply will all published policies and rules of UCN and the President’s Council of UCN, and with all applicable laws and bylaws. UCN will provide a copy of the Facilities Usage Policy upon request.
2. USER shall not exceed the recommended capacity for the area in use. UCN shall notify USER of the recommended capacity of the Facility and the decision of UCN’s representative concerning questions arising under this paragraph shall be final.
3. USER shall use due care in the use of the Facility to ensure that no person is injured and no property is damaged or lost. USER will ensure that the use is supervised by adequately trained personnel who will establish and enforce reasonable safety rules.
4. USER is responsible for any injury to persons (including death) and damage or loss to property and USER must indemnify University of the North, its President’s Council, officers and employees for all claims, liabilities, demands and expenses (including reasonable legal fees) incurred in defending such claims.

**Insurance**

1. USER shall obtain, at its own cost, commercial general liability insurance against claims for personal and bodily injury (including death) or damage to property arising out of the operations of the USER, or its officers, employees or agents. The insurance must provide, at minimum, $2 million per occurrence limits of liability.
2. A certificate evidencing liability insurance shall be provided to UCN, naming UCN as “additional insured”.

**Defacement and Damage**

1. USER shall not injure, mar or in any way deface the facilities and/or equipment, furniture etc., related to facilities rental/usage and shall not cause or permit anything to be done whereby the facilities and/or equipment, furniture etc., shall be in any manner injured, marred, or defaced. USER will not drive or permit to be driven, nails, hooks, tacks, or screws into any part of the Facility and will not make or allow to be made any alterations of any kind.
2. USER is responsible for any costs related to repair of damages caused during its use.

**UCN’s Equipment**

1. USER shall not use UCN’s facilities and/or equipment, tools, furniture etc. located in or about the Facility, unless requested within the booking agreement.
2. USER is solely responsible for its activities while using the facilities and/or equipment, furniture etc. at its own risk. UCN makes no warranties or guaranties regarding the condition or suitability of its equipment, furniture etc. USER is responsible to inspect the facilities and/or equipment, furniture etc. before use.

**Termination**

1. UCN may immediately terminate this Agreement if the USER does not fulfill its obligations. UCN may also terminate this Agreement in the event of unforeseen circumstances and will provide as much notice as possible in the circumstances, but will not be liable to the USER for damages or cost upon termination.

**Additional Users**

1. USER understands and agrees that during the term of this Agreement there may be other events taking place in other parts of Facility not covered by this Agreement. USER shall conduct its activities so as not to interfere with other events.

**Concessions, Catering, Advertising and Selling**

1. It is preferred that all concession and catering be reserved to UCN. All non-UCN catering and concession must be identified at time of booking and approved by UCN’s Authorized Campus Manager, Chief Administrative Officer or Chief Financial Officer.
2. No advertising or other item shall be placed or posted on walls or doors in or about the Facility without the prior written permission of the Authorized Campus Manager. UCN’s name shall not be used to suggest co-sponsorship or endorsement of any activity, except with the prior written approval of the Authorized Campus Manager.
3. USER shall not sell or cause to be sold any programs or other items in or about the Facility, except on terms and conditions established by University College of the North. Solicitation of donations is prohibited.
4. UCN shall make the existing parking facilities at the Facility available for the vehicular traffic and parking necessitated by USER’s use of the Facility, on a non-exclusive basis.

**Violations**

1. If at any time the use of the Facility by the USER violates the UCN policies or rules or any applicable bylaw or law, USER must immediately stop such use or must surrender the Facility upon demand of UCN’s representative.

**No Assignment**

1. USER may not assign or transfer any of its rights under this Agreement without the prior written consent of UCN. USER herein is an independent contractor and not the agent or employee of UCN.

**Smoking and Alcohol Restrictions**

1. By this Agreement, UCN grants to USER no greater rights than expressly stated in this Agreement. Smoking is not permitted indoors or in immediate proximity of entries in the Facility. Smoking is permitted in Designated Smoking Areas ONLY.

**Right to Enter**

1. In permitting the use of the Facility described herein. UCN does not relinquish control or custody of the Facility and retains the right to enforce all applicable laws, policies, rules and regulations. All portions of the Facility will at all times be under the charge and control of UCN. UCN’s representative or other authorized representatives of UCN may enter upon the Facility at all times to make inspections to ensure compliance with this Agreement.

**Entirety and Amendment**

1. This Agreement, along with the Request, embodies the entire agreement between the parties and supersedes any prior agreements and understandings.
2. No change to these terms is valid unless it is in writing and signed by authorized representatives of UCN and USER.
3. The **USER** certifies that the information in this Request is true and complete and will notify UCN of any changes to this information as soon as possible and before the event.
4. UCN will respond to this Request as soon as it can, but **your request is not approved until you receive a written response from UCN confirming your request has been approved and you receive a Facilities Use Agreement for signature.**
5. The **Facility Use Agreement must be signed and returned, along with payment, four weeks before the event.**

***SIGNED by the USER’s authorized representative of the USER on the date shown below:***

I hereby acknowledge that there will be a **35% cancellation fee** if cancelled within 5 business days of the event.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date User Authorized Signing Officer***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name (Please Print) Title (Please Print)***

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|  | | |
| **$** | **DEPOSIT** | **$** |

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| **Name**  **Phone** |  |
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**SPECIAL CONDITIONS:**

*SIGNED by the authorized representatives of the parties on the date shown below:*

***UCN USER***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***UCN Authorized Signing Officer User Authorized Signing Officer***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name (Please Print) Name (Please Print)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Title (Please Print) Title (Please Print)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date Date***

**Event Checklist**

* Coffee/Tea
* Catering
* Tech Equipment
* Tech Support
* Tables
* Chairs
* Platform
* Microphone
* Podium
* Posters
* Room/Space Booking
* Electrical Outlet(s)
* Coat Racks
* Other (specify below)

**\*\*Additional charges may apply.**

Special Requests:

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**Events Set-up Request Form**

**This form should be completed, emailed and received by**

**Operations at least 4 weeks prior to event.** [**bookings@ucn.ca**](mailto:bookings@ucn.ca)

Name of Event:

Date of Event: Today’s Date:

Begin Time: AM/PM End Time: AM/PM

Location:

Requesting Department/Organization:

Contact Person:

Phone: E-mail:

Time when setup must be completed: AM/PM

Number of People attending (Estimate if number is not known):

Will Food/drink be served? YES NO

Name of catering company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact (phone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are tables and/or chairs required? YES NO

# of purple stackable chairs required: \_\_\_ (200 in inventory)

# of blue stackable chairs required: \_\_\_\_\_\_\_\_\_\_\_\_\_ (100 in inventory)

#of 5 foot diameter round tables required: (Seats 8 maximum) (15 in inventory)

#of 5 foot x 18 inch grey tables required: (Seats 2 maximum) (15 in inventory)

# of 8 foot x 3 foot grey tables required: (Seats 10 maximum) (45 in inventory)

Additional trash cans required:

Additional recycle bins required:

# of 8 foot x 4 foot staging sections required: (4 in inventory)

# of step sections required. 1 or 2 (2 in inventory)

Requestors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestors e-mail: Requestors Phone:

**(Please carefully diagram room set-up below.)**

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| **UNIVERSITY COLLEGE OF THE NORTH THE PAS RATE AND FEE SCHEDULE** | | | | | | | | | | | | | | | | |
| September 1, 2021 to August 31, 2022 RATES | | | | | | | | | | | | | | | | |
|  | | | | | | |  |  | Quantity Required | |  |  | | | Line Total |
| ***EQUIPMENT RENTAL:*** | | | | | | |  |  |  | |  |  | | |  |
| DATA PROJECTOR | | | | | | |  |  |  | | $82.00 | /day | | |  |
| DIGITAL AUDIO RECORDERS | | | | | | |  |  |  | | $13.00 | /day | | |  |
| DIGITAL CAMERA | | | | | | |  |  |  | | $25.00 | /day | | |  |
| ELECTRIC PIANO | | | | | | |  |  |  | | $63.00 | /day | | |  |
| FLIP CHART | | | | | | |  |  |  | | $19.00 | /day | | |  |
| SCREEN | | | | | | |  |  |  | | $25.00 | /day | | |  |
| TV/DVD PLAYER | | | | | | |  |  |  | | $44.00 | /day | | |  |
| VIDEO CAMERA | | | | | | |  |  |  | | $25.00 | /day | | |  |
| ***DAMAGE DEPOSITS - Refundable: (apply to all user groups)*** | | | | | | |  |  |  | |  |  | | |  |
| BOARDROOM, Thompson or The Pas | | | | | | |  |  |  | | $250.00 |  | | |  |
| CAFETERIA, The Pas |  |  | | | |  | |  |  | | $100.00 |  | | |  |
| GYMNASIUM for regular yearly users | | | | | | | | |  | | $510.00 |  | | |  |
| GYMNASIUM /per use base i.e. tournaments, conferences etc. | | | | | | | | |  | | $220.00 |  | | |  |
| ***FACILITY RENTAL: (for external user groups)*** | | | | | | |  | |  | | + GST on all rentals | | | |  |
| BOARDROOM/LECTURE THEATRE | | | | | | |  |  |  | | $285.00 | /day | | |  |
| BOARDROOM/LECTURE THEATRE | | | | | | |  |  |  | | $160.00 | /half day | | |  |
| MEETING ROOM | | | | | | |  |  |  | | $160.00 | /day | | |  |
| MEETING ROOM | | | | | | |  |  |  | | $60.00 | /half day | | |  |
| CAFETERIA, The Pas | | | |  | | | |  |  | | $535.00 | /day | | |  |
| CAFETERIA, The Pas | | | |  | | | |  |  | | $315.00 | /half day | | |  |
| CLASSROOM | | | | |  | | | |  | | $85.00 | /day | |  | |
| CLASSROOM | | | | |  | | | |  | | $50.00 | /half day | |  | |
| CLASSROOM WITH AV EQUIPMENT USAGE | | | | |  | | | |  | | $100.00 | /day | |  | |
| CLASSROOM WITH AV EQUIPMENT USAGE | | | | |  | | | |  | | $60.00 | /half day | |  | |
| COMPUTER LAB | | |  | |  | | | |  | | $475.00 | /day | |  | |
| COMPUTER LAB | | |  | |  | | | |  | | $285.00 | /half day | |  | |
| COMPUTER LAB | | |  | |  | | | |  | | $75.00 | /hour | |  | |
| CLASSROOM W WEB/VIDEO CONFERENCING CAPABILITY | | |  | |  | | | |  | | $155.00 | /day | |  | |
| CLASSROOM W WEB/VIDEO CONFERENCING CAPABILITY | | |  | |  | | | |  | | $95.00 | /half day | |  | |
| WEB CONFERENCING RATE IN ADDITION TO ROOM RENTAL | | |  | |  | | | |  | | $270.00 | /day | |  | |
| WEB CONFERENCING RATE IN ADDITION TO ROOM RENTAL | | |  | |  | | | |  | | $160.00 | /half day | |  | |
| GYMNASIUM, The Pas | | |  | |  | | | |  | | $470.00 | /day | |  | |
| GYMNASIUM, The Pas | | |  | |  | | | |  | | $280.00 | /half day | |  | |
| GYMNASIUM, The Pas (including setup, flooring and tables) | | | | | | | | |  | | $905.00 | /day | |  | |
| SCIENCE LAB (by special approval) | | |  | |  | | | |  | | $210.00 | /day | |  | |
| SCIENCE LAB (by special approval) | | |  | |  | | | |  | | $125.00 | /half day | |  | |
| TABLE SETUP IN HALLWAY | | |  | |  | | | |  | | $25.00 | /day | |  | |
| STAGE AND STAIRS | | |  | |  | | | |  | | $55.00 | /day | |  | |
| EIGHT FOOT OR ROUND GREY TABLES | | |  | |  | | | |  | | $6.00 ea. | /day | |  | |
| CHAIR RENTAL | | |  | |  | | | |  | | $2.00 ea. | /day | |  | |
|  | | |  | |  | | | |  | |  | Subtotal | |  | |
|  | | |  | |  | | | |  | |  | GST | |  | |
|  | | |  | |  | | | |  |  | | | Total $ |
|  | | |  | |  | | | |  | |  |  | |  | |
| Daily rates are for any seven (7) hour period. | | |  | |  | | | |  | | estimated hours | | |  | |
| Half Day rates are for a four (4) hour period. | | |  | |  | | | |  | | estimated hours | | |  | |
| The rental fee for a non profit organization may be waived by the President or designate. | | |  | |  | | | |  | | estimated hours | | |  | |

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| Additional fees will be added if other services are required (e.g. additional security and custodial requirements) |  |  |  | estimated hours | |  |
| Technician Rates are billed minimum 3 hours if support require on a weekend |  |  |  | estimated hours | |  |
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| **Billing Address:** |  |  |  |  |  |  |
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| **Contact:** |  |  |  |  |  |  |
|  | | | Name |  |  |  |
|  | | | Title |  |  |  |
|  | | | Work Phone | |  |  |
|  | | | Cell Phone | |  |  |
|  | | | Email |  |  |  |
|  |  |  |  |  |  |  |
| **Authorization:** |  |  |  |  |  |  |
|  | | | Name |  |  |  |
|  | | | Title |  |  |  |
|  | | | Signature |  |  |  |
|  | | | Date |  |  |  |