



TRINITY
ANGLICAN + LUTHERAN
CHURCH

4766 Angus Street, Port Alberni
 British Columbia, V9Y 1S9
 (250) 724-4921

HALL RENTAL SCHEDULE 2024

	Weekly/ Bi-Weekly	Single Use
Trinity Community Hall	\$40/day up to 2 hours	\$50 minimum up to 2 hours
	\$60/Day 2.5-4 hours	\$30/hr 2-6 hours
	\$220/day Full day weekly/bi-weekly	\$250/day 7+ hours
Meeting Room A	\$30/meeting hour	\$50/meeting hour
Meeting Room B	\$30/meeting hour	\$50/meeting hour
Stage and Piano (if avail)	\$30/meeting hour	\$50/meeting hour
Use of Kitchen Facilities		
• Simple use	\$25/day	\$35/day
• Church dishes and dishwasher	\$50/day \$75/day	\$75/day \$125/day
• Full use with place settings and tablecloths		

**A refundable Damage Deposit of \$200 is required for all contracts requiring full use of the kitchen facilities. \$100 deposit for all other rentals
 (Deposit will be given back when relationship and trust is established.)*

SANCTUARY RENTAL SCHEDULE 2024

Concerts:	\$200 Set-up and take down will be monitored by a church representative. If an intermission also requires the use of the kitchen facilities, see kitchen rates above.
Weddings or Memorials	\$200 when added to the use of the hall and kitchen.
Incumbent /Reverend	\$ Amount agreed upon by family and Incumbent doing the service.
Organist	\$150.00-\$250.00 (an agreement made between the family and David Cox)
Meetings:	Other uses of the sanctuary area can be considered with rental costs determined on an individual basis.

**Insurance Documents are attached. You may have insurance already through your business. If you don't have this, the Diocese provides information to help you seek out one time event insurance. Proof of insurance must be turned in before the hall can be rented to any third party not affiliated with Trinity Anglican Lutheran Church.*



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BUILDING USE APPLICATION FORM

Date of Application: _____

Name of Group or _____

Organization: _____

Mailing Address: _____

Name of Contact Person: _____

Telephone #: _____ Cell#: _____

Email Address: _____

Briefly describe your
organization: _____

Describe your event: _____

Date requested: _____

Activity start time: _____ End time: _____

Request for: One time: _____ Weekly/Bi-weekly: _____ Monthly: _____
Other: _____

Signature: _____ Date: _____

What part of the facility
do you want to use? _____

What, if any, specific set-
up is required? _____

TERMS AND CONDITIONS

1. Smoking on these premises is not permitted.
2. **ANY CONSUMPTION OF ALCOHOL REQUIRES A POSTED BC LIQUOR DISTRIBUTION PERMIT**
3. Single Use Booking to include a non-refundable cheque of \$25.00 (if required).
4. Damage Deposit (if required) must be on a separate cheque.
5. All chairs and tables must be returned to original locations and kitchen (if used) must be clean AND garbage and recycling material to be removed by renter.
6. A copy of your organization's ***Certificate of Liability/Insurance*** must be produced at time of booking. If you don't have this, purchasing a one time insurance policy can be done through the Diocese. Information Attached.
7. Applicant is responsible for any damage or loss of property incurred during applicants' rental period.
8. Trinity Church reserves the right to cancel, delay or postpone your scheduled event in the case of a church function. Such cancellations would be done only when there is no other option for Trinity.
9. The person signing this Booking Application has the signing authority of their organization.

I HAVE READ AND AGREE ON BEHALF OF THE USER TO BE BOUND BY THE TERMS AND CONDITIONS AS LISTED ABOVE AND ON THE PREVIOUS PAGE.

SIGNATURE DATE: _____ POSITION: _____

OFFICE USE ONLY:

Event approved by:	
Date:	
Total Fee Payable:	\$
Facility Booking Fee Received:	\$
Hospitality/Catering Amount Received	\$
Organist/Incumbent or both	\$
Damage Deposit Received:	\$
Total Contracted Amount:	\$
Notes: All weekly or monthly rentals must be paid before the 1st of the next month for the amount of time needed. (Example: \$40 per week at 4 weeks = \$160 plus a one time separate payment of \$100) *please specify rooms being rented here	
Signature of Renter: _____ Date: _____	