ART HAUSER CENTRE

690B 32nd Street East

Prince Albert, SK S6V 2W8

Phone: (306)953-4848 Fax: (306)953-4855

ahc@citypa.com

# CHES LEACH LOUNGE APPLICATION FORM

**Application Date:** Click here to enter text.

**Group Name:** Click here to enter text.

**Contact Person:** Click here to enter text.

**Date of Birth (mm/dd/yy):** Click here to enter text.

**Address:** Click here to enter text.

**City & Postal Code:** Click here to enter text.

**Work Phone:** Click here to enter text. **Home Phone:** Click here to enter text.

**Fax:** Click here to enter text. **Cell:** Click here to enter text.

**E-mail:** Click here to enter text.

**Event Name:** Click here to enter text.

**Event Date(s):** Click here to enter text.

**Expected Occupancy:** Click here to enter text.

**Type of Event - Please Check One**

[ ]  Wedding Reception [ ]  Convention [ ]  Banquet [ ]  Meeting [ ]  Funeral

[ ]  Christmas Party [ ]  Cabaret [ ]  Other: Click here to enter text.

**Office Use:**

Signed Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Invoiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Contract Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ City Bartender Hired: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Terms & Conditions: \_\_\_\_\_\_\_\_\_\_\_\_ Bartender Cheque Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ches Leach Lounge Set-Up Requirements**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | Monday | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Set up/DecoratingTimes |  |  |  |  |  |  |  |
| Event Start Time |  |  |  |  |  |  |  |
| Bar Hours |  |  |  |  |  |  |  |
| Supper Time |  |  |  |  |  |  |  |
| DVD Presentation/Entertainment |  |  |  |  |  |  |  |
| Dance Times |  |  |  |  |  |  |  |
| Midnight Lunch |  |  |  |  |  |  |  |
| Decoration Removal&Take Down |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| EVENT REQUIREMENTS | PLEASE FILL IN THE FOLLOWING FOR YOUR EVENT |
| **Round Tables: (Maximum 8 Individual Settings per table)** |  **Number Required:**  |
| **Chairs: (Maximum 8 per table)** |  **Number Required:**  |
| **Stage – 10 sections – 6’ x 8’ – 18”, 24” or 30” height** |  **Number Required:  \*Railings required at 24” & 30”** **Height: 18”** [ ]  **24”** [ ]  **30”** [ ]  |
| **Podium** |  |
| **Kinsmen Room** |  |
| **CATERING SERVICES** |
| **Caterer****Company:** **Contact:** **Phone:**  |  **Tables Required for Serving:**  |
| **Set up Date:  Time:**  |
| **Take Down Date:  Time:**  |
| **Caterer to supply tablecloths, linens and coffee service – discuss with your Caterer.****Caterer responsible for kitchen cleanliness upon vacating – Checklist to be completed.** |
| **Band****Name:** **Contact:** **Phone:**  |  **Risers Required (10):**  |
| **Set up Date:  Time:**  |
| **Take Down Date:  Time:**  |
| **DJ****Name:** **Contact:** Phone:  |  **Risers Required (10):**  |
| **Set up Date:  Time:**  |
| **Take Down Date:  Time:**  |
|  |

|  |  |
| --- | --- |
| EVENT REQUIREMENTS | PLEASE FILL IN THE FOLLOWING FOR YOUR EVENT |
| **LIQUOR & BEVERAGE SERVICES** |
| **Alcohol Served** |  **Liquor Permit Required & Responsibility of Group** |
| **Volunteer Bartenders** |  **Bartenders must follow cleaning checklist** |
| **City of PA Bartenders** |  **Open Table Wine?**  **Cash Bar?  Tickets?**  |
| **Corkage** **(Required for events serving alcohol)** |  |
| **AUDIO & VISUAL SERVICES** |
| **Sound System** |  |
| **Ceiling Projector & Screen** |  **South** [ ]  **West** [ ]  **Both** [ ]  |
| **Wireless Hand Held Microphone** |  |
| **Floor Microphone with Cord & Stand** |  |
| **Facility Laptop** |  |
| **Wireless Internet** |  |
| **Portable Projector Screen** |  |
| **Flipchart with Paper (2)****Must provide own markers** |  **Number Required?**  |

**Additional Room Requirements:**

** **

 **Applicant Name Date**

[ ]  **Checking this box signifies that all information in the application is correct.**