

**OTTAWA CARLETON STANDARD CONDOMINIUM CORPORATION 700
134 & 150 YORK STREET, K1N 1K8
YORK PLAZA**

PARTY ROOM RENTAL AGREEMENT

PLEASE PRINT:

NAME: _____ UNIT NO. _____

CONTACT NO. (H) _____ (W) _____

DATE OF FUNCTION: _____

ATTENDANCE EXPECTED: _____

PURPOSE OF PARTY: _____

FEE: \$100.00 (refundable) – Cleaning and Damage Deposit. (Payable to: OCSCC 700)

I wish to rent the Party Room at OCSCC 700, 134 York Street and agree to pay Security Deposit of One-Hundred Dollars (\$100.00) to cover any possible damages. Cheque or money order is to be sent to Management at the above noted address before the date of rental.

It is agreed that I assume all risks involving the use of this facility and I will not hold OCSCC 700 or Management responsible for any damages, losses or injuries that may occur to me and/or my guests during the use of his facility. If no damage occurs, then it is understood that this amount will be refunded in full. If damages exceed this amount, then additional charges will be levied against me (in the same manner as the charges for common fees) and I agree to pay all such charges.

I agree to return the Meeting Room to its initial state and cleanliness. If the room is left unsanitary, then I will be responsible for the cost to clean the Meeting Room.

I agree the party room is to be vacated by 1:00 A.M. and that guests to the party will be supervised. I also agree that if a disturbance is caused to other within the complex that I will abide by the request of Management to reduce such noise to a level as not to cause disturbance to others.

All liquor permits, etc. are to be procured by myself and a copy is to be provided to Management prior to the party.

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I, _____ have read the preceding rules and regulations and agree to them. If I and/or my guests are in violation in any way to these rules and regulations, I hereby acknowledge that I could be prohibited from having access to this room in the future.

Renter of Party Room

Apollo Property Management
(I have authority to bind the Corporation)

Date

Amount of Deposit: _____

Date Deposit Returned: _____ Amount Returned: _____ Initials: _____

Note: This form must be signed and returned to the site superintendent prior to the requested rental date. Please ensure all areas are filled out and signed before returning.

*Apollo Property Management Ltd.
1200 Prince of Wales Drive, Suite D, Ottawa, ON K2C 3Y4
Tel. 613-225-7969 ext 230 | Fax. 613-727-0378 | Email. scott@apollomgt.com*