

**SAFA’S Café Alternatif Booking**

**Contact information – please print clearly**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

uOttawa Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_(If Applicable)

**Request**

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mark all that apply:

* I require that this be a closed event.
* I require the use of the Internet.
* I am a SFUO business or service
* I require the use of the A/V System.

Other specifications/notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BOOKING :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





**SAFA’S Café Alternatif Booking**

*For office use only*



Date time of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The SAFA agrees to have an executive member present at this time to meet with the **event host.**

If no executive member can present themselves at this time, the SAFA agrees to communicate with the event host to schedule another meeting.

Date deposit received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash

 SFUO cheque

Date deposit returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (event host): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If deposit is not returned, why? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For SFUO office use only (V.P. Finance)*

* Covered by SFUO cheque

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





1. I shall provide a **60.00$ CASH ONLY** deposit that will be returned if all conditions listed below are met.
2. I understand that Café Alt is a **$60.00 deposit get $40.00 cash back.**
3. The tables, chair and sofas will be returned to the arrangement according to the floor plan provided,
4. The space will be cleaned at the end of the rental period. All garbage and/or food will de disposed of daily.
5. I may decorate for my event so long as I do not cause damage to the Café. Masking tape is the only tape that can be used and nothing may be nailed, pinned, tacked or stapled to the walls, ceiling or furniture.
6. Any damages incurred during my rental time are my responsibility**. I WILL PAY FOR ANY DAMAGES DONE TO THE CAFÉ.**
7. I will pay an **additional 75.00$ fee** if the keys for the audio visual equipment are not returned at the end of my event.
8. Events held between the hours of 8am and 6pm must not interfere with the business of the SFUO’s Café Alt.
9. If I cancel my event, I will call to advise a member of the SAFA executive **at least 48 hours before set date and time for the event. A NO-SHOW WILL RESULT IN THE KEEPING OF THE 60.00$ DEPOSIT.**
10. If a time and date is set prior to the event date with a member of the SAFA executive- to receive the audio/visual equipment keys, to have access to the Wii system or to have the projector set up- I agree to be punctual and to communicate with SAFA if I cannot present myself **at** **least 24 hours** prior to the set meeting.
11. If I have rented the projector and/or Wii system, I will not leave the equipment unattended until it can be stored away by an executive member of the SAFA.
12. I understand that it is my responsibility to pick up my deposit. **Deposits must be collected within 5 business days**. **FAILURE TO DO SO WILL RESULT IN THE LOSS OF MY DEPOSIT.**

**IF ANY OF THESE TERMS ARE BROKEN, I MAY LOSE MY RIGHT AND MY ORGANISATIONS RIGHT TO RENT THE CAFÉ ALTERNATIF FOR THE REMAINDER OF THE ACADEMIC YEAR. I MAY ALSO LOSE MY 60.00$ DEPOSIT.**

On the following page, please initial each line of the agreement.





**\_\_\_\_\_ I UNDERSTAND THAT THE CAFÉ ALTERNATIF, THE SAFA, AND THE UNIVERSITY OF OTTAWA ARE NOT RESPONSIBLE FOR ANY DAMAGES, LOST, OR STOLEN BELONGINGS. I UNDERSTAND THAT IT IS MY REPONSIBILITY TO PROTECT THESE ITEMS.**

**\_\_\_\_\_ I UNDERSTAND THAT THE CAFÉ ALTERNATIF, THE SAFA, AND THE UNIVERSITY OF OTTAWA WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURIES OCURRED FOR THE DURATION OF THE RENTAL PERIOD.**

**\_\_\_\_\_I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ADOPT AND ENDORCE SAFETY MEASURES TO ENSURE THE PERSONAL SAFETY OF ALL INDIVIDUALS PRESENT IN THE CAFÉ ALTERNATIF FOR THE DURATION OF THE RENTAL PERIOD. THIS INCLUDES BUT IS NOT LIMITED TO THE ENFORCEMENT OF THE FOLLOWING ITEMS:**

**\_\_\_\_\_THERE WILL BE NO SMOKING IN THE CAFÉ ALTERNATIF;**

**\_\_\_\_\_ THERE WILL BE NO ALCOHOL CONSUMPTION IN THE CAFÉ ALTERNATIF WITHOUT A PROPER LICENCE;**

**\_\_\_\_\_ THE LEGAL CAPACITY WILL BE RESPECTED;**

**\_\_\_\_\_ALL FIRE ESCAPES WILL REMAIN CLEAR AT ALL TIMES.**

**\_\_\_\_\_ THOSE WHO HOLD OFFICES WITHIN CAFÉ ALT WILL BE GRANTED ACCESS TO ENTER THE SPACE AT ALL** **TIMES TO ACCESS THEIR OFFICE.**

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

Name of event host Signature of event host Date

In case of emergency, please call;

Ext. 2222- Maintenance

Ext. 5499- Protection

Ext. 5466- Emergency