

Community Room Application

The Community *Orchard* Room is available for bookings by local non-profit organizations during branch hours when not otherwise in use. The room seats **maximum 12 people** and is equipped with video & audio.

Section 1: Organization Overview

Organization: _____

What is the purpose or mandate of your organization:

Is your organization a non-profit, registered charity, sports team or service group?

Yes No Registered Charity # _____

Section 2: Booking Information

Date Requested: _____ Time: _____ to _____

How many members of your group will attend?: _____

Is this a recurrent booking? Yes No Dates: _____

Section 3: Policy and Agreement

We invite you to use our community room with the following guidelines:

- All requests must be approved by the Marketing Department. Branch staff will ensure room availability for the date and time requested.
- Only non-profit organizations, registered charities, sports teams or service clubs may use the room. SASCU reserves the right to refuse permission.
- All requests to book the room must be made at least two weeks in advance.
- Room may not be booked more than twice per month for the same organization.
- The organizations using the meeting room facilities are fully responsible for their members and for any and all financial losses due to damage, theft or any usage of the room.
- If the security company must respond to an alarm as a result of one or more members of the group, the \$75 fee will be charged to the group.
- No smoking, alcoholic beverages or open flames are allowed at any time.
- SASCU is not responsible for any personal items left in the room. Please ensure all items are removed upon leaving.
- Organizations may not use the Orchard Room to generate funds by charging fees to attendees of meetings or seminars held there.

By forwarding this application, I acknowledge that I have read and understand the above policy. I verify that the organization I represent is a non-profit, registered charity, sports team or service club and I am responsible for the adherence by our members to the above policy while using the Community Room. I certify that I have the authority to sign on behalf of this organization.

Name: _____ Position: _____

Telephone: () _____ Fax: () _____

Email: _____

Dated: _____ at _____, British Columbia

Please mail completed application to:

Marketing Department	370 Lakeshore Drive NE	T 250.833.1313
SASCU Financial Group	PO Box 868	F 250.833.4480
	Salmon Arm, BC V1E 4N9	E marketing@sascu.com

Or drop off at:

SASCU Credit Union	1120 25th Street NE	T 250.832.8011
Salmon Arm Uptown Branch	PO Box 868	F 250.832.5190
	Salmon Arm, BC V1E 4N9	E info@sascu.com

Section 4: Office Use Only

Booking Submission Date: _____ (D) / _____ (M) / _____ (Y)

Applicant Group Name: _____

Approved by: _____

