

		Day of Week R	tequested:		
Time from:	to	Start Date:	End D	ate:	
Date of Application	on:	Date F	Date Rec'd in Office:		
Sport or Group N	lame:				
Contact Person Name:			Telephone:		
Email:		Number of Players/Persons Anticipated:			
the leagues and like posted (exan	contact inform	mation (name, telephone e) contact Ray Armbrust	and email). If there - ray@armbrust.ca.	will be providing a listing of is anything else you would Signature	
Downstair	s Memorial F	e): Upstairs Hall Room Downstairs B equired:	Soth Memorial & Oute	r Rooms	
Table Set Up: D	o self at no c	harge OR Legi	on service charge \$2	5.00 per set up	
(If Upstairs Hall)	Cash Bar Re	equested: Yes or No	o - Time Open:		
Special Requests	s or Notes: _				
have a choice. Frental, there will I	e leagues hav Fridays will be be a member		t no charge. If the least taxes for a total of S	\$339. If the kitchen is	
Are you requesting	ng use of ups	stairs hall for year end ba	anquet: Yes or No)	
Date requested:		Alternate Date	e: Alte	ernate Date:	
Number of peopl	e anticipated	at banquet:	-		
Would you like a	cash bar: Y	es or No Time E	Bar to Open:		
See Page 2 for ir	mportant info	rmation.			

All groups wishing to use the premises on a regular basis must submit for approval prior to usage. Requests will be on a first come first served basis. ALL BOOKINGS MUST BE CONFIRMED BY THE OFFICE. All groups understand that Legion interests (Remembrance Day, funerals, etc.) may override individual groups and the Legion will do their best to accommodate by moving locations or dates but the Legion reserves the right to cancel individual days. The Legion also reserves the right to terminate usage by individual participants and/or groups. All participants will be held to the same standards as Legion Members and must follow all Legion by-laws and regulations.

For Office Use Only	
Other requests for the same day:	
Hall Date Confirmed for Banquet:	
Notes:	
Approved Date:	