



# Special Events Registration Form

Call 780.428.1111 for additional information.



## CONTACT INFORMATION

School/Group Name: \_\_\_\_\_ Office email: \_\_\_\_\_

**1<sup>st</sup> CONTACT** Position First Name Last Name Email

**2<sup>ND</sup> CONTACT** Position First Name Last Name Email

**TELEPHONE** Daytime Cell Fax

**ADDRESS** Street/Box No. Town/City Postal Code

## EVENT INFORMATION

Requested Date Choice	Event Start/Finish Time	# of Attendees	Meals Required (Options available on our <a href="#">website</a> )
1 <sup>st</sup> –			Breakfast Option # _____
2 <sup>nd</sup> –			Lunch Option # _____
3 <sup>rd</sup> –			Supper Option # _____
			Snack Option # _____
<i>If you have not received email confirmation of this booking within 14 days of submission, please email metro@epsb.ca.</i>			<i>*please inform us of any dietary restrictions.</i>

Room Rental: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Programming: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## PAYMENT INFORMATION & CANCELLATION POLICY

Total cost: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Cheque (payable to Edmonton Public Schools) \_\_\_\_\_ Credit Card \_\_\_\_\_ Budget/SGF

NAME OF CARDHOLDER: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
(\*Edmonton Public Schools locations should **not** be using their school credit card)

I, \_\_\_\_\_ (name of cardholder), authorize Edmonton Public Schools to charge my credit card for payments relating to my event. Should I have to cancel my event, I authorize Edmonton Public Schools to charge my credit card a \$50 Administration Fee.

### Budget Funds - Edmonton Public Schools only

Account Code 800601 Cost Centre \_\_\_\_\_ Program \_\_\_\_\_ Activity \_\_\_\_\_  
(4-digit) (5-digit) (6-digit)

(This will be processed by Journal Voucher)

### SGF Funds – Edmonton Public Schools only

1. Please provide a SGF cheque with the stub attached using Acct # 2100 **or**
2. Account Code 101501 Cost Centre \_\_\_\_\_ Program \_\_\_\_\_ (34001-34801) Activity 800001.  
(This will be processed by Journal Voucher to the schools School to Pay account)

**SEND** to: Metro Continuing Education, 7835 - 76 Avenue NW, Edmonton, AB T6C 2N1 (or Truck mail for EPSB) or  
**FAX:** 780.428.1112 or **EMAIL:** metro@epsb.ca

### Special Events

To guarantee your reservation at Bennett Centre, Bennett/Metro must receive the signed Special Events Registration Form and a deposit of 50% of the estimated invoice total. A full refund will be issued, minus a \$50 administration fee, if written cancellation is received 7 business days from when the special events form is received. After that time, cancellations will not receive a refund. Final payments are due 30 business days before the event.

### School Groups

To guarantee your reservation at Bennett Centre, Bennett/Metro must receive the signed Special Events Registration Form and a deposit of 50% of the estimated invoice total. A full refund will be issued, minus a \$50 administration fee, if written cancellation is received at least 60 business days before your event. After that time, cancellations will not receive a refund. Final invoice will be issued after your stay and emailed to primary contact person.