

**County of Simcoe Simcoe County Museum** 1151 Highway 26, Minesing, Ontario L9X 0Z7 Main Line (705) 728-3721 Toll Free (866) 893-9300 Fax (705) 728-9130 simcoe.ca



 $\underline{\text{SIMCOE COUNTY MUSEUM BOOKING REQUEST FORM}}\\ \textit{It is the responsibility of the Contact Person to complete this form and return it to the above address } \underline{\textit{two weeks}} \textit{ prior}$ to the scheduled function.

	CONTACT IN			
Organization Name:				
Contact Person:				
Address:				
City:	Province:	Postal	Code:	
E-Mail:	Telephone:		Fax:	
	RESERVATION	INFORMATION		
Name of Meeting:				
		Anticipated Attendance:		
Arrival Time (for Set-Up):	Start Time:	End Time:	Departure Time:	
	<ul><li>□ Meeting Room A &amp;</li><li>□ Meeting Room A</li><li>□ Meeting Room B</li></ul>	(20' x 33') - \$125.	00 + HST	
	e note the equipment is per day regardless if		room rental cost. For half day or an evening meeting.	
Please :	Select Meeting Room a	nd Set-Up Using	the Set-Up Diagram	
Meeting Room Set-Up Requested	l:	# of Seats Required:		
		Equipment Requare wireless ena		
□Coffee Urn (100 Cup)	□Lecter	n	□Quilt Racks @\$1.50	
□Coffee Urn (42 Cup)	□Wirele	ss Microphone	□Table Cloths @ \$5.00 each	
□Water Urn (42 Cup)	□Project	tion Screen	□BBQ @ \$50.00	
□Insulated Carafe	□Project	or	□TV/DVD Unit	
□Kettle	□Extens	ion Cords	□TV/VCR Unit	
□Microwave	□Flip Ch	art/White Board		
□Refrigerator	□Conference Telephone			
□Oven	☐Assistive Hearing Headphones			
Ostonial (Disease Calcat) VEC	NO		Dathers (Discus Calast) VEC NO	
*Please note th	at you are required to p	orovide your own	Pot Luck: (Please Select) YES NC E ALLOWED ON THE PREMISES. Plates, Utensils, Cups, etc.	

\*Please advise those attending the meeting to leave the front row parking for Museum visitors and our more senior guests.

### **AGREEMENT**

It is the responsibility of the Contact Person to call <u>two days</u> prior to the scheduled function to confirm this meeting room request. If a cancellation notification is not received with a 24 hour timeframe, a \$50 charge will apply.

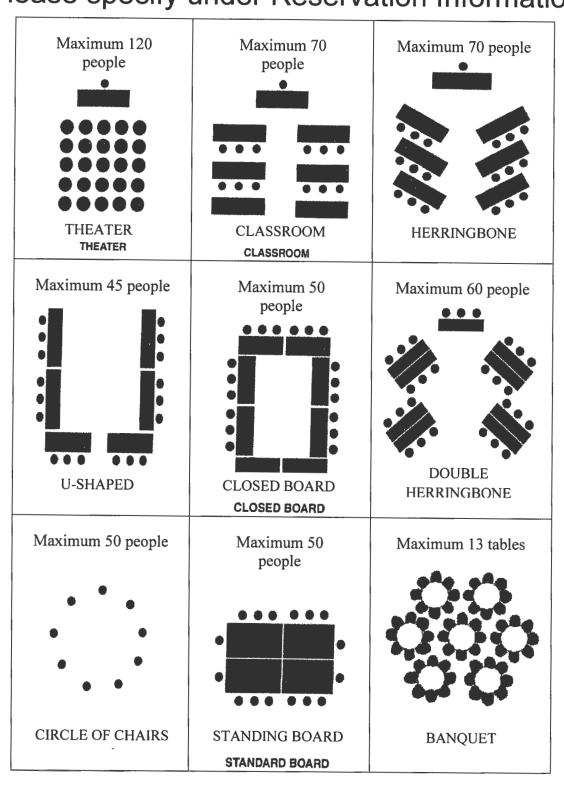
### Please read and sign below.

- 1. I agree to abide to the attached Simcoe County Museum Meeting Room Rental Policy.
- 2. I understand that I am required to notify the Simcoe County Museum of room cancellations 24 hours prior to the meeting. If I fail to cancel, 50% of rental fee charge will apply no charge for inclement weather.
- 3. If I surpass the departure time of 5:00 pm, a \$50 charge will apply.
- 4. **I understand** that no food or drink is allowed in the galleries or inside the outdoor buildings at any time.
- 5. I understand that ABSOLUTELY NO PEANUTS OR NUT PRODUCTS ARE PERMITTED ON THE PREMISES!
- 6. **I understand** that lit candles, living plants or fresh flower arrangements are not allowed in the Museum.
- 7. **I understand** that there is no smoking allowed inside the Museum complex.
- 8. I understand that Parking is Free. (Please leave the front row open to allow for our more senior visitors to park.)
- 9. **I understand** that the use of outside entertainment or services (such as musicians and caterers) must be pre-approved by the Museum.
- 10. **I agree to accept responsibility for any damage** caused to the building or its equipment, other than normal wear, resulting from this meeting.
- 11. Absolutely nothing is to be adhered to the sound baffles in the Meeting Rooms.
- 12. The use of glue, tape, pins, staples, nails or similar items for hanging decorations, etc. is strictly forbidden on Museum property.
- 13. **I am responsible** for leaving the Meeting Room, Servery and Kitchenette areas in the same condition as upon arrival this includes disposing of garbage and recyclables in the appropriate containers provided.
- 14. I agree to notify those attending the meeting to use the front entrance of the Simcoe County Museum.
- 15. I understand that meeting materials may be delivered at the Group Entrance.
- 16. **I understand that admission of meeting attendees** to the Simcoe County Museum galleries and grounds will require an additional per person admission for internal meetings.
- 17. I agree to advise staff at the Front Desk (at the end of the meeting) as to how many people were in attendance by filling out the Meeting Room Survey.

Signature of Contact Person:	Date:	
Date Booking Request Received:	seum Use Only Entered into E-Calendar (Check) :	
Booking Request Complete (Initial):	Set-Up Discussed with Maintenance (Check and Initial):	
General Comments:		

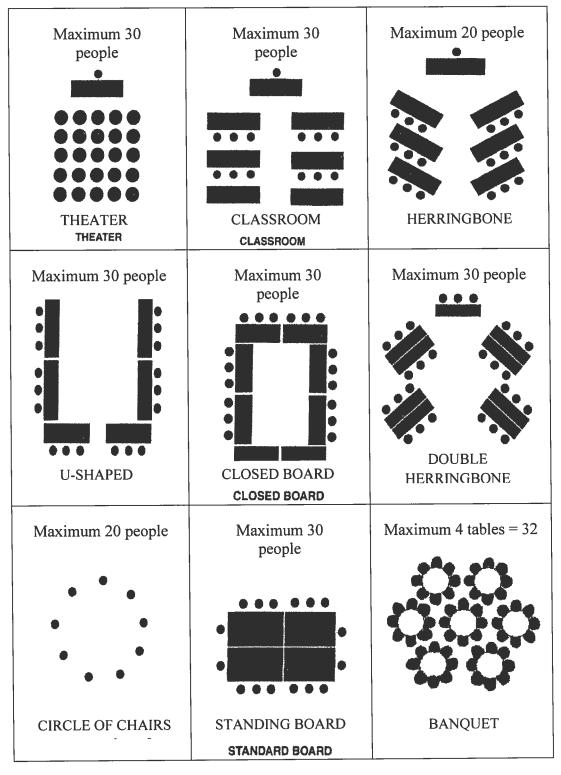
Personal information on this form is collected under the authority of Section 11 of the *Municipal Act*, 2001, as amended, and will be used for solely for the purpose of Meeting Room Booking Requests and payment. Questions about this collection should be directed to the Simcoe County Museum at 705.728.3721.

# MEETING ROOM A + B SET-UP (Please specify under Reservation Information)



## **MEETING ROOM A SET-UP**

(Please specify under Reservation Information)



## **MEETING ROOM B SET-UP**

(Please specify under Reservation Information)

Maximum 60 people	Maximum 50 people  CLASSROOM CLASSROOM	Maximum 50 people  HERRINGBONE
Maximum 35 people  U-SHAPED	Maximum 40 people  CLOSED BOARD CLOSED BOARD	Maximum 35 people  DOUBLE HERRINGBONE
Maximum 30 people  CIRCLE OF CHAIRS	Maximum 35 people  STANDING BOARD	Maximum 6 tables = 48
CIRCLE OF CHAIRS	STANDING BOARD  STANDARD BOARD	BANQUET