



Wedding Agreement

Call **780.428.1111** for additional information



General Wedding Information:

Preferred Wedding Date: _____

Preferred Wedding Time: _____

Preferred Venue:

- Outside Area & Bathrooms – up to 5 hours
- Main Dining Room – Seated 85, Standing 120
- Moose Room – Seated 32, Standing 40
- Rossdale Room – Seated 32, Standing 40
- Cloverdale Room – Seated 32, Standing 40

Spouse A Name: _____

Mailing address: _____

Primary phone number: _____

E-mail: _____

Spouse B Name: _____

Mailing address: _____

Primary phone number: _____

E-mail: _____

Wedding Day Main Contact Person: _____

Mailing address: _____

Primary phone number: _____

E-mail: _____



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Requirements:

Number of guests expected: _____

Rental start time: _____

Guest arrival time: _____

Ceremony start time: _____

Ceremony end time: _____

Rental end time (Please allow an appropriate amount of time in which to pack up and load your decor items): _____

- Outside Space – quiet time 11pm
- Inside Space – must be out by 2am

Will there be a live musical performance component for your wedding ceremony? YES NO

If so please describe in detail:

Additional Items:

Do you require a wedding rehearsal? YES NO

Preferred Wedding Rehearsal Date: _____

Please describe what you need for the rehearsal:

Do you require a liquor license? YES NO

Will you be renting décor? YES NO

Rental Company Name: _____

Contact Name: _____

Contact number: _____

Please describe the items they will be bringing and where they will be placed:



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PAYMENT INFORMATION & CANCELLATION POLICY

To guarantee your reservation at Bennett Centre, Bennett/Metro must receive a signed Wedding Agreement and a deposit of \$800. A full refund will be issued, minus a \$50 administration fee, if written cancellation is received 7 business days from when the agreement is signed. After that time, cancellations will not receive a refund. Final payments are due 30 days before the event date stated on the initial booking.

Total cost: _____

Method of Payment: _____ Cheque (payable to Edmonton Public Schools) _____ 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 within 7 days of booking, I authorize Edmonton Public Schools to charge my credit card a \$50 Administration Fee.

NAME OF CARDHOLDER: _____

AUTHORIZED SIGNATURE: _____

CARD NUMBER _____ Expiry Date _____ / _____

SEND to: Metro Continuing Education, 7835 - 76 Avenue NW, Edmonton, AB T6C 2N1

FAX: 780.428.1112 or **EMAIL:** metro@epsb.ca