

**MENNONITE BRETHERN COLLEGIATE INSTITUTE INC.**

**Jubilee Place Concert Hall Facility License Application and Agreement**

Organization or Individual Name	
Street Address	
City, Province	Postal Code
Contact Name	Phone
Email	Alt Phone

Please list the mandate and goals of your organization or group:

Please describe the nature of your event:

<p>Rate Classification: (check one)</p> <p><input type="checkbox"/> Professional Rate (ticket price \$15.00 and over)</p> <p><input type="checkbox"/> Amateur Rate (ticket price less than \$15.00)</p> <p><input type="checkbox"/> Recording and Filming Session</p>	<p>Requested Performance Date:</p> <p>_____</p> <p>Alternate Performance Date(s):</p> <p>_____</p>
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Additional Dates: (check the options that you require)

Rehearsal on a date additional to the performance date: Requested date(s): \_\_\_\_\_

Additional performance dates: Requested date(s): \_\_\_\_\_

Equipment and Facility Requirements: (check the options that you require)

Use of the Band Room for changing or warm-up (use restricted to school band or music groups)

Use of the Upper Band Room for changing or warm-up  Other Rooms

Use of the Bosendorfer piano;  Piano tuned for your event

Tables, chairs and risers (6 tables, 80 chairs and 8 – 3 step risers available)

How many for ticket-taking or for displays in the lobby? Tables \_\_\_\_\_ Chairs \_\_\_\_\_

How many on stage? Tables \_\_\_\_\_ Chairs \_\_\_\_\_ Risers \_\_\_\_\_

Percussion Equipment (if availability confirmed by the MBCI Music Department)

Music stands (if availability confirmed by the MBCI Music Department) How many? \_\_\_\_\_

Sound and Lighting Requirements: (check the options that you require)

Mics (up to 5) How many? \_\_\_\_\_ Please describe any other technical requirements you have:

Video (DVD, VCR, PowerPoint) \_\_\_\_\_

Audio playback (CD, cassette) \_\_\_\_\_

The applicant organization or individual (“Licensee”) applies to rent facilities from MBCI. The Licensee acknowledges that as a Christian middle and secondary school, MBCI is governed by a specific Code of Conduct and Confession of Faith (Schedules A and B, respectively).

By signing this application, the Licensee agrees that

- 1) the content of the event for which the license is requested,
- 2) the conduct of all participants, invitees and guests associated with the event, and
- 3) the mandate and goals of the applicant organization or individual,  
**will not be in conflict with the provisions of the documents described above.**

The Licensee acknowledges that agreement with the conditions listed above is a precondition to approval and use of MBCI facilities.

In addition, the guidelines for use of MBCI property require licensees to:

1. immediately pay the rental invoice once issued, as per the Rate Schedule;
2. leave the facility in the same or better condition as it was found;
3. clean up after the event when an undue amount of garbage is left in the facility;
4. take good care of all property, immediately report any damage to the MBCI staff in attendance, and reimburse MBCI for any expense incurred by it as a result of any damage caused by the Licensee, or anyone entering upon property as an invitee or guest of the Licensee;
5. vacate the premises at or before the agreed time;
6. prevent smoking, alcohol consumption, and the use of non-prescription drugs on the campus, including parking lots;
7. to provide, prior to the date of rental, satisfactory evidence of third party liability insurance coverage, in an amount not less than two million dollars, with the Mennonite Brethren Collegiate Institute Inc. as an additional insured; and
8. indemnify and save MBCI Inc., their members, adherents, directors and trustees harmless from all claims arising from the licensee’s failure to comply with the terms of this Facility License Agreement and from all liabilities arising from the negligence of the licensee or its invitees and guests while on MBCI property.

The interpretation of any provision of this Facility License is the sole prerogative of MBCI, as represented by its Board. MBCI reserves the right to take any action it deems necessary, in its sole discretion, to ensure that its guidelines for use and conduct are adhered to, including dismissing and/or removing individuals and/or groups from MBCI property, with or without reimbursement of rent.

The undersigned hereby agrees:

1. to all terms and conditions of this Facility License Agreement;
2. to comply with the guidelines for use of MBCI property and conduct of all groups and persons using the rented facilities;
3. to be responsible for all members of the Licensee and all invitees and guests of the Licensee who enter into or upon MBCI property and ensure their conduct while in or on MBCI property is in compliance with the terms of this agreement;
4. to indemnify and save MBCI, their members, adherents, directors and trustees harmless as set forth above.

**Signature**

Please sign and date one of the following three sections:

**A. [If the licensee is a corporation]:**

Name of the corporation: \_\_\_\_\_

Name of director or officer: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**B. [If the licensee is an unincorporated organization]:**

Name of the organization: \_\_\_\_\_

Represented by: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**C. [If the licensee is an individual]:**

Name of individual: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please submit all three pages of this application by email to [ewiebe@mbci.mb.ca](mailto:ewiebe@mbci.mb.ca), by fax to 204 661-5091 or by mail to:

MBCI  
173 Talbot Avenue  
Winnipeg, MB R2L 0P6  
**Attn: Facility Rental**

You may direct any further inquiries to the contact below:

Elwood Wiebe  
Accountant/Business Manager  
Direct: (204) 667-2270  
Email: ewiebe@mbci.mb.ca

**Deposit Information:**

Deposit received: \_\_\_\_\_

Date received: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Expiry: \_\_\_\_/\_\_\_\_ 3 digit code (rev.) \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Office Use: Application Approval**

Received: \_\_\_\_\_

Approved Per: \_\_\_\_\_

Position \_\_\_\_\_

Invoice No.: \_\_\_\_\_

Invoice Amount: \_\_\_\_\_