**GSA Commons Booking Form**

Please visit <https://gsa.usask.ca/the-gsa-commons/book-the-gsa-commons.php> for further details to the rental costs and services offered at the GSA Commons before filling this form. Please complete all fields and email to gsa.commons@usask.ca or fax to 306‐966‐8598. ***NOTE****: Booking policies can change without notice.*

**Damage Deposit:** The GSA requires a ***$100.00 security/damage deposit one (1) week prior******to your event***. ***This deposit secures your booking. NOTE: If we do not receive the deposit in the week prior, your booking may be at risk of release to another party.*** The deposit will be returned upon completion of your event and Cleaning Checklist.

**Cancellations**: A ***24 hour notice*** must be given otherwise your damage deposit will not be returned.

**Set-up/Clean-up**: ***Please include this in your booking time***. Allow a minimum of 30 minutes for set-up and 30 minutes for clean-up when booking your event. Groups using the GSA Commons are responsible for using the space respectfully. The space is to be left clean, tidy, and in good shape. Please ensure that all furniture is placed back to its original location.

Maximum Occupancy is **99 PERSONS**.

**Office hours**

Please visit <https://gsa.usask.ca/index.php> for hours of operation.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EVENT INFORMATION** | | | | | | | | | |
| **Department / College** | | Click here to enter text. | | | | | | | |
| **Is this Event Hosted by a GSA Ratified Group?** | | | | **YES  NO** | | **If YES, Name of GSA Ratified Group**  Click here to enter text. | | | |
| **Date of Event** | | | **Time of Event** | | | | | | |
| Click here to enter a date.  DD / MM / YY | | | **From**: Click here to enter text. | | | **To**: Click here to enter text. | | | |
| **Number of Attendees:**  Click here to enter text. | | | **Event Type:**  Open  Private | | | **Do you need to use the BBQ’s?**  YES  NO | | | |
| **Will you be serving Liquor?**  YES  NO  *If yes, please ensure that you obtain your liquor permit.* | | | **Will you be serving Food?**  YES  NO | | | **Will you need audio/visual equipment?**  YES  NO | | | |
| **Would you like extra tables for your event?**  ***(flat rate fee of $50 added to charges)*** | | | | YES  NO | | |
| **Would you like coffee for your event? *($5/carafe added to charges)*** | | | YES  NO | | ***If yes, how many carafes would you like? (1 carafe = 7 cups)*** | | | Click here to enter text. | |
| **Description of Event** | | | Click here to enter text. | | | | | | |
| **Contact Information** | | | **Full Name:** Click here to enter text.  **Email Address:** Click here to enter text.  **Phone #:** Click here to enter text. | | | | | | |
| ***FOR OFFICE USE ONLY*** | | | | | | | | |
| **Date Received** |  | | | | | | | |
| **Received By** |  | | | | | | | |
| **Comments** |  | | | | | | | |