



Conference Rental Application

Pacific Life Bible College offers affordable and complete conference facilities between May and the third week of August. For 20 years churches, missions groups, and others have used our campus for great events.

Chapel (Seats 110)

Features lecture chairs, public address system, two, and built-in data projectors. The chapel and classroom foyer features leather couches and bistro-style seating areas.

Classrooms

Classroom sizes vary from 25 - 100 people and all feature built-in data projectors and audio.

Dining Rooms

Our cafeteria seats up to 150 and the gymnasium can hold up to 600.

Accommodations (Beds for 80)

Our dorm-style accommodations are very affordable and comfortable. Every two rooms share a bathroom. Linens are available at an extra cost.

Catering Services

Our Chef and kitchen crew eagerly await to create you affordable and delicious meals. We offer food services for groups of 25 and larger.

Onsite Amenities

Onsite there is a soccer field, sand volleyball court, recreational lounge (featuring a pool table, table tennis, fooseball, couches, and a television).

Clement's Coffee Bar

When larger groups book the facility, the PLBC Coffee Bar, Clement's, may be open for delegates to purchase beverages.

Bookings

Dennis Hixson

Toll Free: 1-877-597-7522 x254 or 604-597-9082 x254

Fax: 604-597-9090

Email: dhixson@pacificlife.edu

Web: www.pacificlife.edu/conferences/



Last Revised: May 31, 2007

Training Leaders To Make A World of Difference

15030 - 66A Avenue, Surrey, BC V3S 2A5 CANADA Toll Free: 1.877.597.7522 or 604.597.9082 Fax: 604.597.9090 www.pacificlife.edu

GROUP NAME: _____

DATES: _____



Rental Rates

PLBC Conference Application

OVERNIGHT DELEGATES

Full Day Price (Full-time Attendees of 50 or more)

Less than 50

Adults (11 and over)	\$45.00	\$50.00
Children (3 - 10 years)	\$40.00	\$45.00

Full day price for a group of 50 or more and includes breakfast, lunch and dinner, lodging and the use of up to three meeting rooms. Groups of less than 50 must pay a rental charge for meeting rooms. Meal services may not be available for groups less than 25 full-time attendees. Groups smaller than 60 may be required to share facilities with other groups. Use of the sound system or av room is an additional charge of \$30/hour used.

Individual Meal & Room Rates

	Adult	Child (3 - 10 years)
Breakfast	\$8.00	\$5.00
Lunch	\$10.00	\$7.00
Dinner	\$12.00	\$10.00
Small Snack	\$4.00	\$3.00
Large Snack	\$6.00	\$5.00

Room Only

\$20.00 per person / night (shared occupancy)

Linens

Sheets, blanket, and pillow	\$10.00 per set (\$10.00 per change*)
Towels	\$5.00 per set (\$5.00 per change*)

*A mandatory linen change and charge is required for every seven days.

DAY DELEGATES

Day Delegates

Adult	\$10.00 per person (meals extra)
Child (3 - 10 years)	\$8.00 per person (meals extra)

FACILITY/EQUIPMENT RATES

Meeting Rooms (three free rooms for groups of 50 or more full-time attendees)

Chapel (without P.A.)	\$50.00 per day (includes built-in data projector; does not include P.A./sound person)
Small Meeting Rooms	\$50.00 per day (includes built-in data projector)

Equipment

Portable Data Projector	\$50.00 per day
P.A.(in only the Chapel)	\$30.00 per hour (includes set-up/tear down, sound person, keyboard, mics, drums, etc.)
Clement's Coffee Bistro	\$25.00 per hour plus regular coffee rates (Cash/Debit/Visa/Mastercard accepted)

Prices do not include GST (5% Tax). US residents/organizations may apply for a GST refund at the border of by mail.

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Organization Information

PLBC Conference Application

ORGANIZATION INFORMATION

Organization Name: _____

Type of Organization: _____

Organization Mailing Address: _____
Suite Street Number Street City Prov/State Postal/Zip Code

Organization Phone Number: _____

Organization Fax Number: _____

Organization Website: _____

BILLING INFORMATION

SAME AS ABOVE

Bill To: _____

Billing Address: _____

Billing Phone Number (Accounts Payable): _____

Billing Fax Number (Accounts Payable): _____

Purchase Order #: _____

BOOKING CONTACT

Person in Charge of Booking: _____

Phone Number: _____ Cell Number: _____

Email: _____ Fax Number: _____

ONSITE CONTACT

SAME AS BOOKING CONTACT

Onsite Person in Charge (during event): _____

Phone Number: _____ Cell Number: _____

Email: _____ Fax Number: _____

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Event Information/Requests

PLBC Conference Application

ARRIVAL/DEPARTURE

Arrival (at PLBC) Information

Time of Arrival: _____

Date of Arrival: _____

Departure (from PLBC) Information

Time of Departure: _____

Date of Departure: _____

ATTENDANCE

Shared Accommodations

of Men: _____

of Women: _____

Bed Linens Required

Towels Required

Private Accommodations

of Married Couples: _____

of Men: _____

of Women: _____

FACILITIES/EQUIPMENT

Please list rooms, sizes, equipment needed, etc. needed (include dates and times needed; attach separate sheet if needed):

MEALS

Meals Required and time you would like them served:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Suggested	Other
Date:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8:30 a.m.	_____
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12:30 p.m.	_____
Boxed Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5:30 p.m.	_____
Small Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9:30 p.m.	_____
Large Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9:30 p.m.	_____
Clement's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

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Agreement

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AGREEMENT

We are pleased that you have chosen our facilities for your event. We trust that you will enjoy your stay with us. The non-refundable deposit required to confirm your reservation is \$150.00 and your **balance is due before leaving the college.** Confirmation of the exact number in your group AND schedule of events must be made at least seven days prior to your reservation dates. This will then become the minimum number for which you will be charged. A cheque for 1/3 of the estimated cost is due seven days before the date of conference with final count of attendees.

All minors must be supervised by responsible adults. In the interest of each other, our staff and our neighbours, we have a compulsory noise curfew from 11:00 p.m. to 8:00 a.m. This must be strictly enforced by your leaders. Smoking, alcoholic beverages and non-medical drugs are not permitted on the property. Any structural or equipment damaged will be charged to renting organization. All litter must be deposited in the proper containers provided. Vehicles must be kept in designated parking areas only.

Guests must provide their own bedding, pillow, towels, toiletries, etc., unless prior arrangements have been made to pay the additional costs.

Dates are confirmed only upon receipt of a signed rental application form and deposit.

I have read and accepted these regulations which hereby form a part of our Rental Agreement.

Signature of adult in charge: _____

Date: _____

OFFICE USE ONLY

Application Received: _____	Final Schedule Received: _____
Quote Sent: _____	Balance Received: _____
Deposit Received: _____	
Confirmation of Booking Sent: _____	
1/3 Cheque Received: _____	
Final Attendance Received: _____	