



A: 5109 48th Street | Yellowknife, NT | X1A 1N5
P: 867.873.3456 | F: 867.873.8311 | W: www.genesisgroup.ca

Training Room Booking Sheet

Group/Organization Name: _____

Mailing Address: _____

Event Name: _____

Contact Name: _____

Phone: _____ Email: _____

Which room would you like to book? (please see rate sheet for room details)

<input type="checkbox"/> Genesis Room (\$600 per day) <input type="checkbox"/> Lecture Hall Setup (32) <input type="checkbox"/> Boardroom Setup (28) <input type="checkbox"/> Horseshoe (22) <input type="checkbox"/> Small Groups (40)
<input type="checkbox"/> Revelation Room (\$475 per day) <input type="checkbox"/> Lecture Hall Setup (12) <input type="checkbox"/> Boardroom Setup (22) <input type="checkbox"/> Horseshoe (18) <input type="checkbox"/> Small Groups (20)
<input type="checkbox"/> Meeting Room A (\$300 per day)
<input type="checkbox"/> Meeting Room B (\$275 per day)

Dates Requested: _____

Event Start Time: _____ Event End Time: _____

Do you need to be let into the room early? Yes No

If yes, what time?* _____

**Please note there is a \$40 charge per half hour for events starting before 8:00 am and ending after 5:30pm.*

How many people in your group? _____

Do you require wheelchair access? Yes No

Will you require the use of audio visual equipment? Yes No

Teleconference Phone

Do you require any printing, copying or document preparation?*

Name tags/tent cards Flipcharts Photocopying

Please see rate sheet for more information on these services.

Which of the following catering services will you require? *Water is complimentary.*

Morning Refreshments

- None
- Coffee/tea
- Juice/pop
- Assorted pastries, donuts & muffins
- Fruit platter
- Veggie platter
- Coldcut/cheese & cracker platter
- Other

Afternoon Refreshments

- None
- Coffee/tea
- Juice/pop
- Assorted pastries, donuts & muffins
- Fruit platter
- Veggie platter
- Coldcut/cheese & cracker platter
- Other



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Would you like breakfast service? (If so, please see menu) Yes No

What time would you like breakfast served? _____

Lunch service (If so, please see menu) Yes No

What time would you like lunch served? _____

Special dietary requests? _____

At the Genesis Group we pride ourselves on putting the customer first. If there is something that you would like that is not listed here please let us know and we will do our very best to provide it for you.

Deposit

All room reservations require a deposit of 50% of the total room booking fees (this does not include catering costs).

Please provide your credit card number for the deposit.

Credit card type: Visa Master Card

Card Number: _____ Expiry Date: _____

Name on card: _____

I approve Genesis Group to charge my credit card in the amount of: \$ _____ (enter amount)

Cardholder's signature: _____

Cancellation Policy

The Genesis Group charges a 50% deposit to confirm all reservations.

All reservations under 5 days require at least 5 business days notice of cancellation. The 50% deposit will be retained on all bookings that fail to provide adequate notice of cancellation.

All reservations of 5 to 15 days require cancellation notice of at least 10 business days. The 50% deposit will be retained on all bookings that fail to provide adequate notice of cancellation.

All reservations over 15 days require at least the same number of days cancellation notice. (Example: A 30 day reservation requires 30 days cancellation notice.) The 50% deposit will be retained on all bookings that fail to provide adequate notice of cancellation.

I agree to all terms and conditions.

Signature: _____ Date: _____

If you are completing this form electronically please type your name and the date above.