



RENTAL APPLICATION

Group/Organization Name:		Type of Organization: If non-profit, please insert registration # Non-Profit <input type="checkbox"/> Corporate <input type="checkbox"/> Other <input type="checkbox"/>
Contact Name:		Email Address:
Address:		Primary Phone Number:
City:		Cell Phone Number:
Province:	Postal Code:	Home Phone Number:

RENTAL DETAILS

Event Name:	Is this a tournament request? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you require cafeteria space for canteen set up? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Event for: Adult <input type="checkbox"/> Child/Youth <input type="checkbox"/> <10 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 15-19 yrs <input type="checkbox"/> 19+ yrs <input type="checkbox"/>	Estimated Number of Participants (including spectators: Will Participants be charged? Yes <input type="checkbox"/> No <input type="checkbox"/> Fee <input type="text" value="Enter #"/> Will Spectators be charged? Yes <input type="checkbox"/> No <input type="checkbox"/> Fee <input type="text" value="Enter #"/>
Do you have insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, a waiver and assumption of risk form must be signed and must accompany this application.	Have you booked a HRCE Facility for this event in previous years? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, which facilities and for what purpose?
Additional items required: Chairs <input type="checkbox"/> Qty: <input type="text" value="Enter #"/> Tables <input type="checkbox"/> Qty: <input type="text" value="Enter #"/> Bleachers <input type="checkbox"/> Other: Please list _____	Special Requests or Comments:

FACILITY REQUEST INFORMATION

1.	Day	Start Time	End Time	Start Date	End Date
School:					
Room:					
2.	Day	Start Time	End Time	Start Date	End Date
School:					
Room:					
3.	Day	Start Time	End Time	Start Date	End Date
School:					
Room:					

I acknowledge that this application is only a request and that rentals are not confirmed until a contract is signed, and all applicable fees are paid in advance of usage. Under certain circumstances a payment plan may be available.

In signing this application form, I understand that this is not a contract and confirm that I have read and will adhere to all terms and conditions as outlined above and in the "Procedures for Scheduling HRCE Facilities" document.

Signature: _____ Date: _____

For Office Use Only

Staff Receiving: _____ Date: _____