



<input type="checkbox"/> Arena Floor / Ice	<input type="checkbox"/> Ball Diamonds A/B	<input type="checkbox"/> Bocce Courts
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Lobby
<input type="checkbox"/> Centennial Park	<input type="checkbox"/> Town Beach / Second Sandy	<input type="checkbox"/> Hudson Hall
<input type="checkbox"/> Birthday Party Gym	<input type="checkbox"/> Birthday Party Ice	<input type="checkbox"/> Cedar Bay _____
<input type="checkbox"/> Tables # _____	<input type="checkbox"/> Chairs # _____	<input type="checkbox"/> SOCAN
Heritage Railway Station	<input type="checkbox"/> Boreal 2nd Floor	<input type="checkbox"/> Lower Level Room

Rental Space Requested

Date(s) & Time(s) Requested	Location / Activity	Age & Number of Participants	Type of Activity/Event	Hourly / Rate	Fee

Special Notes:

Deposit (if required)	
Sub-Total	
HST	
TOTAL	

Customer Information

Lessee Name:					
Address:					
City:		Province:		Postal Code:	
Cell Phone:		Home Phone:			
Email:					

Facility Cancellation Policy

Cancellation of a regular facility rental must be made in writing or via email by the person who originally booked the facility. Cancellations will not be accepted in person or by telephone. Cancellation notices must be received no later than 10 working days prior to the date of the rental and a 20% administration fee will be applied.

Payment & Security Deposit Policy (If applicable)

Payment for all rental space or activities is due in full at the time of the booking. Security Deposit is due in full for all Special Event requiring permits. The rental contract must be paid in full thirty days prior to the scheduled event.

The sponsor must provide a security deposit of \$300.00 by credit card or money order, payable to the Municipality of Sioux Lookout. The security deposit will be returned to the sponsor, less any damage expenses, forty-eight hours after the conclusion of the event.

In the event that there is damage to the Municipal asset, tables & chairs are not stacked and put away, all personal belongings are not removed, tables are not wiped, garbage is on the floor and not in the cans or there is damage to the rental property; the deposit, less the cost for repair of the damage, will be returned to the sponsor. The cost of the repairs shall include all materials and staff time required to complete the repairs. If the amount of damage exceeds \$300.00, the sponsor shall forfeit the deposit and shall be invoiced for the cost of materials and staff time over \$300.00 that is required to affect the repairs.

Sponsors who fail to pay for the cost for repairs in excess of the damage deposit will not be permitted to rent Municipal facilities for future events.

Alcohol and Gaming Commission of Ontario (If applicable)

Anyone who wishes to serve alcohol or gaming at a designated site must sign a facility rental contract that stipulates the conditions under which alcohol/gaming may be offered and acknowledges the requirements.

In addition, the Event Organizer must obtain a Special Occasion Permit from the Municipality of Sioux Lookout and must comply with all provisions and regulations regarding the issuance of the license and the service of alcohol and gaming. Failure to do so may result in immediate suspension of rental privileges and loss of any deposits. The Municipality also reserves the right to refuse the issuance of a facility rental permit at their sole discretion.

I do hereby release the Municipality of Sioux Lookout, all resources, claim caused of action of any kind whatsoever, in respect to all personal injuries or property losses which the participant may suffer arising out of or connected with my preparation, or participation in, the afore said activity, notwithstanding such injuries or losses may have been caused solely or party by the Lessee. I agree to adhere to the Municipalities alcohol and gaming policy (copy attached) and assume the many risks and hazards, some of which are inherent to the very nature of the activity itself.

Print Name: _____ Signature: _____ Dated: _____

Department Use:

Amount Received:	\$			
Form of Payment:	<input type="checkbox"/> Cash/Debit	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque	
Receipt #				
<input type="checkbox"/> Deposit Received	<input type="checkbox"/> N/A			
<input type="checkbox"/> Municipality Alcohol Policy Provided	<input type="checkbox"/> N/A			
Date Received:				
Staff Signature:				