

## Township of Hornepayne Facility Rental Form

Name/Organization/Group.			
Mailing Address:			
Phone No.:			
Email:			
Venue/equipment to be rented:			
Date of event:	ime of event:		
Other particulars:			_
Will alcohol be served at this event? Copy of liquor license must be attached before facilit	Yes y keys issued	No	N/A
Will music be played at this event?  SOCAN fees will be billed if music is played.	Yes	No	N/A
Proof of Insurance: Yes No	N/A		
Copy of liability insurance with Township named as a issuance of keys (if applicable).	additional insu	red must b	e supplied prior to
Rental cost(s) \$			
Paid Invoiced Deposit held Deposit of \$200.00 (must be paid at time of booking are inspected by Township Staff and determined to be facility is not acceptable, additional costs above the Staff and Deposit held	e left in an ac	ceptable co	ondition. If state of
Keys issued: Yes No N/A	A		
Client Signature:		_Date:	
Staff Signature:		Date:	

All rentals must be booked a minimum of 7 days in advance.