



Facility Rental/Reservation Parks and Recreation Department Contract Corporation of the Town of Gananoque

Applicant Information

Name:			
Organization:			
Billing Address:			
City:	Province:	Postal Code:	Date of Application:
Phone # (s):		Email:	

Facility Request Details

FACILITY(S):			
Date(s) Requested:	Times:	Duration:	
Number of participants:	Charitable event: yes <input type="checkbox"/> no <input type="checkbox"/>	SOP required: yes <input type="checkbox"/> no <input type="checkbox"/>	Received: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> ^{D M Y}
Proof of Insurance required? (Town of Perth named as "additional insured"):		yes <input type="checkbox"/> no <input type="checkbox"/>	Received: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> ^{D M Y}
		Amount:	
		Other Charges:	
		HST (13%):	
		TOTAL CHARGE:	
		Deposit	
		Balance	

NOTE: Fees and insurance must be received paid by:

Personal information on the above form is collected under authority of the Freedom of Information and Protections of Privacy Act, 1989, Section 28(2), and will be used to establish your eligibility for and the administration of your rental. I hereby certify that all of the above information is true and correct.

Signature of Department Representative

Signature of Department Representative

I have read and understand the Facility Rental Policy and related policies (such as the Alcohol Management Policy) as it relates to my rental and I agree to comply with all pertinent rules and regulations.

Signature of Applicant

Date