

## **Recreation Department**

## Community Recreation Centre Hall Rental Subsidy Application

Application Date dd mm	yy Applicant Name		
	(Must be name of person in cl	narge of event)	
Group/Organization Name (if app	plicable)		
Applicant Address			
Phone C	ell Phone		
Rental Date(s) dd mm yy	Time - to	dd mm yy Time -	
(Do not complete the second date/time	section if you require a one day rental	only. Event must end no later than 1:45am.)	
# of individuals attending event (Note: Maximum hall capacity is 250 p		ander the age of 19 be in attendance?	
Please state the purpose for your	request to utilize the facility.		
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Why do you feel your group/org	anization should receive the fac	ility at a subsidized rental rate?	
Please indicate the specific facil	ities required for your event		
Main Hall	Meeting Room	Hall Tables/Chairs	
Stove	Dishes	PA System	
Kitchen	Bar Facilities	Coffee Urns	
For Office Use Only Approva	ıl Date dd mm yy Sigr	ature	
Payment Received P	ayment Method		