

Name _____ Organization Name _____
 (Must be name of person in charge of event) (if applicable)

Applicant Address _____

Phone - - Cell - - Fax - -

Email _____

Date: d m y Time - - to d m y Time - -

(Do not complete the second date/time section if you require a one day rental only.)

Rental Purpose _____

Approximate # of individuals attending event _____ (Note: Maximum hall capacity is 250 persons)

Please indicate the specific facilities required for your event

Main Hall		Meeting Room		Ice Slab		Mic./Amp.	
Kitchen Facilities		Bar Facilities		Hall Tables/Chairs		Projector/Screen	

If you plan to decorate or bring any equipment/furnishings in, please provide the name & contact information of your decorator below or list of details on reverse if you are decorating.

Decorator Name: _____ Phone: _____

If this will be a catered event please provide the name and contact information of your caterer below.

Caterer Name: _____ Phone: _____

I _____ the undersigned have read and agree to be bound by this permit and the terms and conditions for the rental of the Town of Deseronto Community Hall as attached hereto. If the applicant is acting on behalf of a group or organization, the undersigned applicant hereby warrants and represents that he/she executes this permit on behalf of the group or organization and has sufficient power, authority and capacity to bind the group or organization with his/her signature.

Signature _____ Date d | m | y

Office Use Only

Rental Fee \$ _____ HST \$ _____ Rental Fee Total \$ _____ Security Deposit \$ _____

Date Rental Fee Paid dd mm yy Payment Method _____

The security deposit is payable with the rental fee. Deposits will be refunded once the facility is inspected following the event and deemed to be free of damages or losses.