



Township of McKellar

701 Hwy #124, P.O. Box 69, McKellar, Ontario POG 1C0

Phone: (705) 389-2842

Fax: (705) 389-1244

COMMUNITY CENTRE FACILITIES RENTAL AGREEMENT FORM

Name: _____ Address: _____

Phone Number: _____ Email: _____

Purpose for Event: _____

Expected Attendance: _____ Licensed: _____ Date: _____ Time: _____

One Occasion: _____ Weekly: _____ Bi-weekly: _____ Monthly: _____

Facilities Required:

- | | |
|-----------------------|----------|
| 1. Hall | \$ _____ |
| 2. Kitchen/Bar | \$ _____ |
| 3. Mutli Purpose Room | \$ _____ |
| 4. Grounds | \$ _____ |
| 5. Council Chambers | \$ _____ |
| 6. Youth Room | \$ _____ |
| 7. Rink | \$ _____ |
| 8. Minerva Park | \$ _____ |
| 9. Other | \$ _____ |
| 10. HST | \$ _____ |

Equipment Required:

1. Tables Round: _____ Oblong: _____
2. Chairs: _____

Refundable Damage Deposit: _____

For Multi-Purpose Facility or Rink use, washroom keys if required, must be picked up at the Township Office prior to the event during regular business hours and returned to the office or to the Township drop box located at the front entry of the office. It is the responsibility of the applicant to ensure the washrooms are locked and secured. Any damages resulting from the use of the facility shall be the responsibility of the applicant. Furniture belonging to the Township must remain in the building and is not to be used for outdoor events.

We certify that we have read the General Conditions as attached here to and forming part of this Agreement governing the use to the Township of McKellar Community Centre Facilities and that we agree to conform thereto and to be bound thereby.

Applicant's Signature: _____ **Date Approved:** _____

Authorized Official: _____

FOR OFFICE USE ONLY

Total Due	\$ _____		
Less Deposit	\$ _____	Date:	_____
Balance Due	\$ _____	Date:	_____
Damage Deposit	\$ _____	Date:	_____ Date Returned: _____

McKellar Community Centre Facilities Rental Agreement