

APPLICATION FOR RENTAL OF ADMINISTRATION CENTRE

| Contact Information | |
|--|-----------------------|
| Contact Name: | |
| Organization Name: | |
| Status of Organization (please select): | For Profit |
| | Not-for-profit |
| Address: | |
| Phone Number: | |
| Email: | |

| Reservation Information | |
|--|--|
| Name of Event: | |
| Date of Event: | |
| Event Start / End Time: | |
| Anticipated Attendance: | |
| Please Describe the Event: | |
| Do you require IT Equipment (please circle)? Yes / No | |
| If yes, please identify what you require: _____ | |

| Please select the meeting room(s) you require: | | | |
|--|------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Council Chamber | <input type="checkbox"/> | Boardroom (lower floor) |
| <input type="checkbox"/> | Council Chamber and Gallery | <input type="checkbox"/> | Committee Room (upper floor) |

| General Notes | |
|---------------|--|
| 1. | All fees are to be paid prior to the event. |
| 2. | A \$50 fee will be charged to all users who cancel with less than 48 hours notice. |
| 3. | All renters are responsible for set-up, clean-up and re-arranging the meeting space. |
| 4. | It is the responsibility of the renter to pre-arrange a training session to use the IT equipment prior to the event. |
| 5. | Township staff may be present during afterhours and weekend use of the facility. |
| 6. | Open flames are not permitted in the Administration Centre. |

| | |
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| I, the undersigned, have read, understand and agree to the terms of the Rental of Springwater Facilities Policy. | |
| Signature of Renter: | _____ |
| Date: | _____ |

Your personal information is being collected under the authority of the *Municipal Act* under section 8(1). Your personal information is necessary to complete the rental of the requested facility. The use of your personal information will be restricted to the purposes described or for any consistent purpose. If you have any questions please contact the Clerk for the Township of Springwater, 2231 Nursery Rd., Minesing, ON, L0L 1Y2, (705) 728-4784.

For Internal Use Only:

| | |
|-----------------------|--|
| Date Received: | |
| Subtotal | |
| HST: | |
| Grand Total: | |
| Comments: | |