



TOWNSHIP OF MULMUR FACILITY RENTAL AGREEMENT

Permit Holder: _____ **Authorized Agent:** _____
(note: only an individual or an incorporated entity is eligible to be a Permit Holder)

Address: _____

Phone: _____ **Email:** _____

Date/Time Commencing: _____ **Date Ending:** _____

Purpose of Booking ☐ One time facility ☐ Seasonal Use **Event:** _____

	From	To	Facilities Required:	
Monday			NDCC	Mansfield:
Tuesday			<input type="checkbox"/> Norduff Room	<input type="checkbox"/> Pavilion
Wednesday			<input type="checkbox"/> Ice Surface / Floor Surface	<input type="checkbox"/> Ball Diamond
Thursday			<input type="checkbox"/> Honeywood Ball Diamond	<input type="checkbox"/> Pickleball
Friday				<input type="checkbox"/> Tennis Court
Saturday			# of People	Number of Pickleball
Sunday			Attending: _____	Courts Requested: _____

Please indicate the type of insurance coverage for your booking(s) *

- ☐ I will provide my own proof of insurance coverage for my booking(s) through a company of my choosing
- ☐ I would like to purchase insurance coverage for my booking(s) through the Township of Mulmur's Facility User Group Insurance Program (additional fees may apply)

READ THE REGULATIONS ATTACHED TO THIS FORM

I the undersigned am the authorized agent for the applicant. I do hereby request the use of the named facilities, at the dates and times shown. My signature certifies that I have read and do understand the permit regulations attached to this application form and agree to abide by these regulations. Failure to comply may result in the permit being revoked or future permits not being issued. I recognize that it is incumbent upon the Applicant to provide liability insurance coverage sufficient to insure the Applicant and the Township of Mulmur, against any actions, claims or proceedings which may arise from the use of the facility on the date(s) identified above, and that the Township of Mulmur, its agents and officials shall in no way be held liable for any damage, injury, accident, or loss resulting from the use of the facility.

Signature of Applicant/Authorized Agent
[I have authority to bind the corporation]

Date

Signature of Township

Date

For Office Use Only: Rates (Including HST)

Prime Time Ice (Res/Non-Res):	Non-Prime Time Ice (Res/Non-Res):	Norduff Room:	Norduff Room Deposit:
Floor Surface + Booth (summer/hr):	Floor Surface (Summer/hr):	Birthday Party Package:	Pickleball / Tennis Court (per hour / per court):
Total Charge (Incl HST):	\$	Proof of Insurance Provided: Y / N	

Pickleball Court Rules

Welcome to Thomson Trail Pickleball Courts

These courts are owned and operated by the **Township of Mulmur**.

Court Hours:

8:00 AM – 10:00 PM.

- **Pickleball courts are available for private rental at a rate of \$15.00 per hour, per court. For more information, visit www.mulmur.ca.**
 - **Court Use:** Courts are for **Pickleball and Tennis play only**. No other sports or activities are permitted.
 - **Footwear:** Non-marking, athletic court shoes are required.
 - **Prohibited:** No smoking, alcohol, glass, drugs, pets, or profanity allowed on the courts.
 - **Community Play Hours:** Courts are first-come, first-served during community hours. Please limit play to **30 minutes if others are waiting**.
 - **Waiting Players:** Must remain **outside** the court area until it is their turn.
 - Use the **“Next up” System** for player rotation by placing rackets in the designated rack.
 - Players aged **14 and under must be supervised by an adult**.
 - Please be respectful of other players, the court property, and the surrounding neighbourhood.
 - **Instruction:** No coaching or instructional services unless **authorized by the Township of Mulmur**.
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Emergency Info

Address: 46 Sommerville Crescent, Mansfield

In Case of Emergency: Call **911**

Have Fun!

Township of Mulmur

 705-466-3341 | info@mulmur.ca