



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 ☐ Norduff Room - Licensed (Alcohol will be present and/or served during the rental.) ☐ Norduff Room: Non - Licensed (No alcohol will be present or consumed during the rental). ☐ Ice Surface / Floor Surface ☐ Honeywood Ball Diamond # of users from Mulmur: # of users from Melancthon: # of users from other Municipalities:
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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 league play – season schedule must be attached to this agreement and the Township must be advised in writing of any schedule changes which may result in additional rental fees (if applicable)**

For Office Use Only: Rates (Including HST)

Prime Time Ice (Res/Non-Res):	Non-Prime Time Ice (Res/Non-Res):	Norduff Room:	Floor Surface: (per hour)
Birthday Party Package:	Adult Baseball (per hour):	Minor Baseball (per hour):	Pickleball Tennis Court (per hour / per court):
Total Charge (Incl HST):	\$	Proof of Insurance Provided: Y / N	

