

## FACILITY RENTAL APPLICATION FORM New Request

*Please ensure all fields are completed, otherwise this will cause delays in processing your application*

### APPLICANT INFORMATION

Primary Contact Information

Alternate Contact Information

Organization/Group		
Position		
Applicant Name		
Address & Postal Code		
Main Contact #	(    )	(    )
Alternate Contact #	(    )	(    )
Fax #	(    )	(    )
E-mail Address		

**Organization Type** (check all that apply):    Youth     Adult     Recreational     Professional

**Residency Requirements** (*Non-resident participants registered in a group cannot exceed 20% of the total membership of the group*)  
*Please be advised that the City of Brampton may request a membership residency list.*

**FACILITY TYPE:** (check all that apply)

Ice <input type="checkbox"/>	Ball Diamond:    Hardball <input type="checkbox"/> Softball <input type="checkbox"/>	Football <input type="checkbox"/>
Room <input type="checkbox"/>	Soccer Field:    Senior <input type="checkbox"/> Mini <input type="checkbox"/>	Cricket <input type="checkbox"/>
Fieldhouse <input type="checkbox"/>	Lacrosse:    Box <input type="checkbox"/> Field <input type="checkbox"/>	Other: _____
Gymnasium <input type="checkbox"/>	Floor:    Sportcourt <input type="checkbox"/> Concrete <input type="checkbox"/>	

### INSURANCE PROGRAM

The City of Brampton has a Facility Rental User Liability Insurance Program. All rental users must carry adequate insurance coverage when renting a City Facility. For complete details on requirements, rates, and applicable forms, please visit [www.brampton.ca](http://www.brampton.ca) or contact 905-874-BOOK.

Purchase User Liability Insurance through the City of Brampton    # of Participants/Attendance \_\_\_\_\_    OR    # of Teams in League \_\_\_\_\_

Currently have User Liability Insurance    Complete applicable Facility Rental External Insurance Form and attach to this request

**Please Return To:**  
City of Brampton, Community Services Department  
c/o Rental Agreements  
2 Wellington St. W, Brampton, ON L6Y 4R2  
FAX: 905-874-2399

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# FACILITY REQUEST

In detail, please describe the function of the rental:

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Preferred Location(s)	Preferred Day(s) of Week	Times Required		Dates Required		Exclusion Dates mm/dd/yy	Expected Attendance
		Start Time	End Time	Start Date mm/dd/yy	End Date mm/dd/yy		
<i>ex. Century Gardens</i>	<i>Mondays</i>	<i>6:30pm</i>	<i>8:30pm</i>	<i>06/08/10</i>	<i>08/30/10</i>	<i>07/01/10</i>	<i>35</i>

**Please attach additional pages if required**

Please check all applicable boxes

Kitchen

Concessions Permit (*outdoor only*)

Dressing Rooms # \_\_\_\_\_ Other: \_\_\_\_\_

Selling Alcohol

BBQ Permit (*outdoor only*)

Picnic Tables # (*outdoor only*) \_\_\_\_\_

Serving Alcohol

Beer Garden (*outdoor only*)

Portable Toilets # (*outdoor only*) \_\_\_\_\_

Music

Staging

Licensed Vendor Name and #: \_\_\_\_\_

(*applicable SOCAN fee applies*)

Additional Comments and/or Requirements:

**\*\*\*Please note this is a request form only, final approval depends on a review of the application\*\*\***

Please accept this form as my application for the facilities indicated above. I hereby state the facilities have been requested exclusively for the group I represent. As the Permit Holder, I understand that I must notify the Rental Unit in writing two (2) weeks in advance of any cancellation.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## PAYMENT

To guarantee your booking we **must** receive payment one (1) month prior to your first booking, otherwise your Rental Agreement is subject to cancellation. A 20% non-refundable deposit is required at the time of booking. If your booking is within thirty (30) days, payment must be received in full. Please choose your method of payment below:

Monthly payments by credit card

Full payment by credit card

Cheque(s)

Cash/Debit   
(*in-person only*)

VISA

MASTERCARD

AMERICAN EXPRESS

CREDIT CARD #

EXP. \_\_\_\_ / \_\_\_\_

NAME ON CARD \_\_\_\_\_

I hereby authorize The Corporation of the City of Brampton to charge the rental fees set out in the Rental Agreement to my credit card.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

The personal information on this form is collected under the authority of the Municipal Act, SO 2001, c.25, and will be used for Facility Rental purposes. Questions about the collection of personal information should be directed to the City of Brampton, Community Services Department at 905-874-2300.

**OFFICE USE ONLY**  
RENTAL NAME \_\_\_\_\_  
RENTAL # (s) \_\_\_\_\_