

FACILITY RENTAL RENEWAL FORM Annual / Seasonal

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

Last Season Rental Agreement Numbers # (s) _____
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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: <input type="checkbox"/>	Hardball <input type="checkbox"/> Softball <input type="checkbox"/>	Football <input type="checkbox"/>
Room <input type="checkbox"/>	Soccer Field: <input type="checkbox"/>	Senior <input type="checkbox"/> Mini <input type="checkbox"/>	Cricket <input type="checkbox"/>
Fieldhouse <input type="checkbox"/>	Lacrosse: <input type="checkbox"/>	Box <input type="checkbox"/> Field <input type="checkbox"/>	Other: _____
Gymnasium <input type="checkbox"/>	Floor: <input type="checkbox"/>	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 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, Public Services
c/o Sports Services
8930 McLaughlin Rd. S., Building E
FAX: 905-874-2399

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FACILITY RENEWAL REQUEST

I require the same facility allocation as last season: **YES / NO** (If no, please complete the below)

Preferred Location(s)	Preferred Day(s) of Week	Times Required		Dates Required		Exclusion Date(s) mm/dd/yy	Expected Attendance
		Start Time	End Time	Start Date mm/dd/yy	End Date mm/dd/yy		
<i>ex. Chris Gibson Craft Room</i>	<i>Sundays</i>	<i>1pm</i>	<i>4pm</i>	<i>09/1/10</i>	<i>06/30/10</i>	<i>12/25/10</i>	<i>30</i>

Please attach additional pages if required

Facility Specific Requirements - *Please check all applicable boxes*

Dressing Rooms # Kitchen Music Selling Alcohol Serving Alcohol Other:
(applicable SOCAN fee applies)

TOURNAMENT / SPECIAL EVENT RENEWAL REQUEST

We will not be hosting a tournament /event

Tournament Name	Preferred Location(s)	Times Required		Dates Required		# of participants	Expected Attendance
		Start Time	End Time	Start Date mm/dd/yy	End Date mm/dd/yy		
<i>ex. Fundraising Soccer Tourn.</i>	<i>Dixie/407 # 1-3</i>	<i>9 am</i>	<i>6 pm</i>	<i>07/15/10</i>	<i>07/16/10</i>	<i>75</i>	<i>50</i>

Please attach additional pages if required

Tournament Specific Requirements - *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

CREDIT CARD # EXP. /

AMERICAN EXPRESS

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 authority of the Municipal Act SO 2001, c. 25. The information will be used to communicate with you regarding rental administration. Questions about the collection of personal information should be directed to the Policy Advisor, Public Services, Business Services Office, 2 Wellington St W, Brampton, ON, L6Y 4R2, 905.874.2705. Please review the City's [Privacy Statement](#) for more information.

OFFICE USE ONLY

RENTAL NAME
 RENTAL # (s)