

RENTAL REQUEST FORM - Non-Sport

New Request

Renewal

Previous Rental Agreement #

A. APPLICA	NT INFO	RMATION												
Organization/ Group (if applicable):							/ebsite (if applicable) :				Primary Contact (last name, first name) :			
Position : Address :			ess :			City	City:			Province :			Postal Code :	
Main Phone # : Alt. Phone # :			ne # :		Email	:				Not-for-Profit/Charitable Registration Number :				
Organization Type : Youth					Adult		Recreational			Professional				
Alternate Contact (last name, first name):				Posit	ion :		Main Phone # :			It. Phone # : Em			nail :	
B. RENTAL IN	IFORMAT	ION						'						
Rental Name							Expected Atte					endance		
Preferred Location				Specific	c Area		Alternate Location				Specific Area			
Does your rental include alcohol?				Yes		No	No One-Time			Rental			Ongoing Rental	
Does your rental include an amusement de					inflatable?		Yes No							
Rental Type	M	Meeting		Photography			Designated Picnic Area			Pool			Garba	
	S	Social		Wedding			Vendor Sale/ Trade Show			Religious			Other	
Facility Type	Room	n Field	house		Arena Floor		Park Special Event				Floor Other			
Dates Required (mm/dd/yy)			ſ	Frequer	псу	Prefe	Preferred Day(s) of Week			Times Required (HH:MM) Exclusion Date			Exclusion Dates	
Start Date		End Date Da		Weekly	/ Monthly	S	Sunday - Saturday			Start Time End		Time (mm/dd/yy)		
Special Eve	ent Requ	est												
Event Name		Preferred Location(s)		n(s)	Times Requ		red (HH:MM) Dates Required End Time Start Date		(mm/dd/yy) # of Part		Participan	its	Expected Attendance	
					Start Time	LIIG III	Start Da	ie L	IIU Date	,				
Special Eve	ent Reau	irements		1		1	ı	1		ı		'		
Required Ren Amenities*		Kitchen		Serving Alcohol		# of Ver	# of Vendors (if applicable)			# of Picnic Tables *(outdoor only):				
	ııdı	Staging		Selling Alcohol		Musi	Music (applicable SOCAN fee applies)			# of Portable Toilets *(outdoor only):				
	Do	the vendors ha	ave exteri No		rance		Selling Tickets Yes No			Is this a community event (public facing)? Yes No				
	Othe	Other:					Licensed Equipment Vendor Name :							

C. LIABILITY INSURANCE

I understand that, in order for my rental to be considered, the **Rental Agreement Holder** is required to hold a third party liability certificate of insurance naming the "City of Brampton" as an additional insured with a minimum of \$5,000,000 coverage. Facility user liability insurance coverage will be required to be in place, by way of either:

Purchasing the applicable liability insurance through the City of Brampton dusing the booking process; or

Obtaining sufficient liability insurance coverage that is equivalent to the City's liability insurance requirements.

C. PAYMENTS/ CANCELLATIONS

I understand that, this is a request form only; availability is subject to change based on rental requests currently being processed. I have no rights or claims to the requested space until such time as I receive a tentative Rental Agreement for my acknowledgment and verification of the rental details. Incomplete forms and/or requests received less than four (4) weeks' in advance may not be considered.

I understand that, in order to guarantee a booking the City 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 (3) days, payment must be received in full. Please visit www.brampton.ca or contact 905-874-BOOK for payment options . Please accept this form as my application for the facilities indicated above. I hereby state the facilities have been requested exclusi vely 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.

Authorized Signature of Individual or Organization/Group

Date (mm/dd/yy)

For Office Use Only - Additional Comments

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 you for rental administration purposes. Questions about the collection of personal information should be directed to the Recreation Supervisor, Sport & Community Partnerships, 2 Wellington St W, Brampton, ON, L6Y 4R2, 905-874-2352. Please review the City's Privacy Statement for more information.

PLEASE SUBMIT THE FORM BY MAIL AT CITY OF BRAMPTON - RECREATION DIVISION C/O RENTAL AGREEMENTS, 175 SANDALWOOD PKY W, BRAMPTON, ON, L7A 1E8 OR EMAIL AT FACILITYRENTALS@BRAMPTON.CA

Submit