

For Office Use Only

DATE RECEIVED: _____

RENTAL #: _____

RENTAL REQUEST FORM

NEW REQUEST RENEWAL

PREVIOUS RENTAL AGREEMENT #: _____

A. APPLICANT INFORMATION

ORGANIZATION / GROUP (if applicable):		WEBSITE (if applicable):	
PRIMARY CONTACT (last name, first name)		POSITION:	
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
MAIN PHONE #:	ALT. PHONE #:	FAX #:	
EMAIL:		Not-for-Profit/Charitable Registration Number:	
ORGANIZATION TYPE: <input type="checkbox"/> YOUTH <input type="checkbox"/> ADULT <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> PROFESSIONAL			

ALTERNATE CONTACT (last name, first name):		POSITION:	
MAIN PHONE #:	ALT. PHONE #:	FAX #:	
EMAIL:			

B. RENTAL INFORMATION

RENTAL NAME		EXPECTED ATTENDANCE
PREFERRED LOCATION		SPECIFIC AREA
ALTERNATE LOCATION		SPECIFIC AREA
DOES YOUR RENTAL INCLUDE ALCOHOL? YES NO		DOES YOUR RENTAL INCLUDE AN AMUSEMENT DEVICE OR INFLATABLE? YES NO

OF PARTICIPANTS/ATTENDANCE _____ OR # OF TEAMS IN LEAGUE _____

RENTAL TYPE	MEETING	PHOTOGRAPHY	PICNIC	BIRTHDAY	POOL	
	SOCIAL	SPORT ACTIVITY	WEDDING	RELIGIOUS	OTHER	
FACILITY TYPE	ICE	ROOM	FIELDHOUSE	GYMNASIUM	FOOTBALL	CRICKET
	Soccer Field	GRASS TURF	LACROSSE	BOX FIELD	ARENA FLOOR	TRACK
	BALL DIAMOND	HARDBALL SOFTBALL	OTHER _____			

DATES REQUIRED (mm / dd / yy)		FREQUENCY	PREFERRED DAY(S) OF WEEK	TIMES REQUIRED (HH:MM)		EXCLUSION DATES (mm / dd / yy)
START DATE	END DATE	DAILY / WEEKLY / MONTHLY	SUNDAY-SATURDAY	START TIME	END TIME	
/ /	/ /					/ /
/ /	/ /					/ /
/ /	/ /					/ /
/ /	/ /					/ /
/ /	/ /					/ /
/ /	/ /					/ /

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Tournament / Special Event Request

Check this box if you are not hosting a tournament or special event:

TOURNAMENT NAME	PREFERRED LOCATION(S)	TIMES REQUIRED (HH:MM)		DATES REQUIRED (mm / dd / yy)		# of participants	Expected Attendance
		START TIME	END TIME	START DATE	END DATE		
				/ /	/ /		
				/ /	/ /		
				/ /	/ /		
				/ /	/ /		

Please attach additional pages if required

Tournament / Special Event Requirements

REQUIRED RENTAL AMENITIES	KITCHEN	SERVING ALCOHOL	# OF DRESSING ROOMS:	# OF PICNIC TABLES (outdoor only):
	STAGING	SELLING ALCOHOL	MUSIC (applicable SOCAN fee applies)	# OF PORTABLE TOILETS (outdoor only):
	OTHER:		LICENSED EQUIPMENT VENDOR NAME:	
REQUIRED PERMITS (OUTDOOR ONLY)	CONCESSIONS	BBQ	BEER GARDEN	

PURPOSE OF RENTAL & ADDITIONAL COMMENTS AND/OR REQUIREMENTS:

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 during the booking process; **or**
 - Obtaining sufficient liability insurance coverage that is equivalent to the City's liability insurance requirements.

D. 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 (30) 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 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.

Authorized Signature of Individual or Organization/Group *Date*

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 with 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. Date revised: 11/28/2022