## Township of Hornepayne Facility Rental Form

Name/Organization/Group:			
Mailing Address:			
Phone No.:			
Email:			
Venue/equipment to be rented:			
Date of event:	Time of event:		
Other particulars:			
Will alcohol be served at this event? Copy of liquor license must be attached before facil	Yes □ lity keys issued	No □	N/A □
Will music be played at this event? SOCAN fees will be billed if music is played.	Yes □	No □	N/A □
Proof of Insurance: Yes □ No □ Copy of liability insurance with Township named as issuance of keys (if applicable).  Rental cost(s) \$	additional insi	ured must be s	supplied prior to
Paid Invoiced Invoice	g a facility); fee be left in an a	to be returned	
Keys issued: Yes □ No □ N	/A □		
Client Signature:	Date:		
Staff Signature:	Date:		

All rentals must be booked a minimum of 7 days in advance.

