



Facility Rental Request Form

Organization Name: _____
 Contact Person: _____ Telephone: _____
 Mailing Address: _____ City: _____
 Postal Code: _____ Email: _____

Details	Permit Start Date:	Permit End Date:	Frequency: <input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	Day(s) of the Week/Times: <input type="checkbox"/> Monday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Sunday _____ <input type="checkbox"/> Thursday _____		Number of Attendees (estimated): _____ # of rinks/fields/rooms needed: _____	
Event Classification	Ages: <input type="checkbox"/> Adults <input type="checkbox"/> Youth (19 years & under)		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Resident <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Resident	
Facility Type (check all that apply)	<input type="checkbox"/> Ice Rink <input type="checkbox"/> Dry Floor <input type="checkbox"/> Board Room	<input type="checkbox"/> Meeting Room Small <input type="checkbox"/> Large <input type="checkbox"/>	<input type="checkbox"/> Artificial Turf <input type="checkbox"/> Diamond	<input type="checkbox"/> Park <input type="checkbox"/> Soccer Field Lit <input type="checkbox"/> Unlit <input type="checkbox"/>
Facilities Requested: (not guaranteed)	1st Choice:		2nd Choice:	
Type of Event: (check all that apply)	<input type="checkbox"/> Meeting <input type="checkbox"/> Seminar/Class <input type="checkbox"/> Picnic <input type="checkbox"/> Birthday Party		<input type="checkbox"/> Event Other: _____ _____	
			Sports: <input type="checkbox"/> Game <input type="checkbox"/> Practice <input type="checkbox"/> Tournament <input type="checkbox"/> Sport Camp Sport Name:	
Food & Beverage (check all that apply)	Food: <input type="checkbox"/> Yes* <input type="checkbox"/> No * Permission may be required * Public Health Food Handling guidelines must be followed	Food Preparation: <input type="checkbox"/> BBQ (parks)	Alcohol: <input type="checkbox"/> Alcohol Served* <input type="checkbox"/> Alcohol Sold* <input type="checkbox"/> No Alcohol * Special Occasions Permit and Smart Serve required	

Special Requests:	<input type="checkbox"/> Table(s) # _____ <input type="checkbox"/> Chair(s) # _____ <input type="checkbox"/> Picnic Table(s) # _____	<input type="checkbox"/> Garbage Can(s) # _____ <input type="checkbox"/> Vehicle access in park <input type="checkbox"/> Hydro	<input type="checkbox"/> Locates for Tents
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Insurance requirements

All users are required to obtain and maintain insurance coverage in the amount of \$2,000,000 (\$5,000,000 if alcohol present) for public and general commercial liability insurance, and must name The Corporation of the City of Niagara Falls as additional insured. If you have your own insurance, you will be required to supply a Certificate of Insurance to the City prior to the issuance of a permit/licence.

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| <input type="checkbox"/> Will provide Certificate of Insurance | <input type="checkbox"/> Requests purchase of Insurance through The Corporation of the City of Niagara Falls (to be paid as per the rates set by third party insurance provider) ** If purchasing insurance through the City of Niagara Falls - full payment must be made prior to booking |
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Note to Applicants:

1. It is the applicant's responsibility to request adequate time for set-up/take-down for facility prior to event. Set-up and/ takedown fees may apply.
2. It is the applicant's responsibility to ensure all required licenses, insurance, permits and documentation are secured and copies provided to the City of Niagara Falls Recreation and Community Services Department a minimum of five (5) business days prior to the event. Failure to do so may result in the cancellation and/or suspension of the event.
3. Prior to the event, applicant must sign and return facility rental contract and abide by all terms and conditions of said contract.

Print Name: _____ **Signature:** _____

Please return the form to:

MacBain Community Centre
7150 Montrose Road, Unit #1

or

Gale Centre
4171 Fourth Avenue

Niagara Falls, Ontario L2H 3N3
905-356-7521 ext 3330

Niagara Falls, Ontario L2E 0A2
905-356-7521 ext 5601

rentals@niagarafalls.ca