



FACILITY RENTAL APPLICATION
DEPARTMENT OF COMMUNITY SERVICES
RECREATION DIVISION

CONTACT INFORMATION

SECTION 1

Main Contact _____ Name of Group/Organization _____
 Address _____ City/Town _____ Postal Code _____
 Phone Number (Home) _____ (Work) _____ (Cell) _____
 Email Address _____ (Fax) _____
 Alternate Contact _____ (Phone) _____ (Cell) _____
 Type of Group: Family Non-Profit Corporate Other _____

DATE(S) REQUESTED

SECTION 2

Facility Requested: <input type="checkbox"/> Mews Centre <input type="checkbox"/> Paul Reynolds Comm. Centre Date Requested _____ Arrival Time _____ Departure Time _____ Expected Number of Participants _____	Room Type Requested: <input type="checkbox"/> Gym <input type="checkbox"/> MPR <input type="checkbox"/> Pool	Type of Rental: <input type="checkbox"/> General Rental <input type="checkbox"/> School Rental <input type="checkbox"/> All Day Event <input type="checkbox"/> Meeting <input type="checkbox"/> Other _____
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DETAILS (please review and sign Facility Rental Contract Agreement on reverse)

SECTION 3

Are you a league or a team? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate: _____
Do you require a specific setup? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate: _____
Do you require use of the swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate: _____
Will you have any person, performer or service with you that you will be using (i.e. magician, inflatable castle)? No personal bouncy inflatables allowed. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate: _____
Will you be bringing in any food or beverage to use during your rental? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate: _____

Applicant Signature _____ Date (YYYY/MM/DD) _____

FOR INTERNAL USE ONLY

SECTION 4

Requested booking available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Booked on ActiveNet: <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____
Applicant Notified of Booking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Rental _____ Date Paid _____
Insurance Certificate Attached, if required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Signed and Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Signature _____	Date Completed _____

The completed form can be mailed to the following address: OR The form can be emailed to: recreation@stjohns.ca or dropped off at the
 City of St. John's H.G.R. Mews Community Centre 40 Mundy Pond Road or fax (709) 576-5691
 P.O. Box 908, St. John's, NL A1C 5M2 Paul Reynolds Community Centre, 35 Carrick Drive or fax (709) 576-8146
 For more information, please call (709) 576-8499 or (709) 576-8631

Form Received By _____ Date Form Received _____



Users of the requested facility acknowledge and agree to the following:

1. Users agree to pay for any damage to the facility that occurs during the rental as a result of their activities or use of the facility.
2. Users who intend to bring in equipment or participate in an activity that the facility is not normally used for must indicate this on the Rental Request Application. The City, in its sole discretion, may determine that certain activities or equipment are not acceptable and/or may require proof of liability insurance with the "City of St. John's" being named as an additional insured (minimum of \$2,000,000 coverage). Note: use of presence of bouncy castles, combative sports, exotic animals or insects will require this insurance for the rental period.
3. Use of alcohol and tobacco is prohibited in City facilities.
4. Food and beverages are permitted only in Multi-Purpose Room and kitchen.
5. Users must provide their own supplies and equipment (i.e. cutlery, music). A limited amount of supplies may be available in this facility. Users are responsible for making inquiries about availability.
6. Kitchen facilities are available.
7. No personal bouncy inflatables allowed. The City may determine that certain activities or equipment are not acceptable and/or may require proof of liability insurance.
8. Users must follow all rules posted throughout the facility.
9. Cancellations, unless by the City, must be received at least 14 days before the rental date for a refund or credit. If a cancellation is received less than 14 days before the rental date a refund or credit will not be issues. The City may consider medical reasons or special circumstances where less than 14 days' notice is given.
10. Refunds for payments made by cash, cheque or debit will be refunded by cheque only. Refunds for payments made by credit card will be refunded back to the credit card. Please allow 2-4 weeks for processing.
11. Users must begin and end their rental according to the times indicated on the Rental Request Application.
12. Users must ensure there's a 1:10 ratio, 1 adult supervisor to 1 child participant.

For inquires or concerns during weekend hours, PLEASE call the H.G.R. Mews Community Centre at (709) 576-8499.

I have received a copy of the Rental Request Application and the Facility Rental Contract Form, have reviewed both and agree to the terms and conditions set out therein. Please email to recreation@stjohns.ca or return to H.G.R. Mews Community Centre, 40 Mundy Pond Road – Fax (709) 576-5691 or Paul Reynolds Community Centre, 35 Carrick Drive – FAX (709) 576-8631.

Name (please print)

Signature

Date

Staff Name (please print)

Staff Signature

Date