



THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.682.3631
TTY: 905.688.4TTY (4889)

PARKS RECREATION AND CULTURE SERVICES
Enterprise Services

FACILITY RENTAL REQUEST FORM

Applicants must be a minimum of 19 years of age, and all rentals require that a representative of the applicant who is 19 years of age or older be on site during the rental.

Applicant's Name(s) _____

Organization Name _____

Residential Telephone # _____

Business Telephone # _____

Fax # _____

E-Mail Address _____

Address _____

Postal Code _____

Event Title (if applicable): _____

Request 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 & Time(s): <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____		Estimated Number of Attendees: # of rinks / fields / rooms needed:		
Classification of Event	Ages: <input type="checkbox"/> Adults <input type="checkbox"/> Youth (ice-19 years and under)		Non Profit /Charitable Groups: Charitable or Non Profit Registration Number: _____		
Facility Type (please check all that apply)	<input type="checkbox"/> Ice Rink <input type="checkbox"/> Mini Rink <input type="checkbox"/> Dry Floor	<input type="checkbox"/> Meeting Room <input type="checkbox"/> Gym <input type="checkbox"/> Hall	<input type="checkbox"/> Artificial Turf <input type="checkbox"/> Ball Diamond <input type="checkbox"/> Field	<input type="checkbox"/> Carousel <input type="checkbox"/> Park <input type="checkbox"/> Pavilion <input type="checkbox"/> Trail	<input type="checkbox"/> Pool Lane(s) _____ <input type="checkbox"/> ½ pool <input type="checkbox"/> Whole pool
Facilities Requested: Not guaranteed	1st Choice: _____		2nd Choice: _____		

Type of Event (check all that apply) <i>Additional forms are required for Theme Birthday Party.</i>	<input type="checkbox"/> Meeting <input type="checkbox"/> Seminar / Class <input type="checkbox"/> Picnic <input type="checkbox"/> Birthday Party <input type="checkbox"/> Theme Birthday Party Other:	<input type="checkbox"/> Event Wedding: <input type="checkbox"/> Ceremony <input type="checkbox"/> Photos <input type="checkbox"/> Reception	Sports <input type="checkbox"/> Game <input type="checkbox"/> Practice <input type="checkbox"/> Tournament <input type="checkbox"/> Sport Camp Name of Sport:
Food & Beverage (check all that apply)	Food: <input type="checkbox"/> Yes* <input type="checkbox"/> No *Permission from the City may be required *Public Health Food Handling Guidelines must be followed.	Food Preparation: If cooked onsite: <input type="checkbox"/> Use BBQ <input type="checkbox"/> Propane* <input type="checkbox"/> Kitchen required *Propane license is required	Alcohol: <input type="checkbox"/> Alcohol Served* <input type="checkbox"/> Alcohol Sold* <input type="checkbox"/> No Alcohol *Special Occasions Permit and Smart Serve is required
Entertainment & Activities (check all that apply)	Amplified Sound <input type="checkbox"/> DJ <input type="checkbox"/> Live Instruments <input type="checkbox"/> Recorded Music /Radio	Vendors <input type="checkbox"/> Food <input type="checkbox"/> Retail	Fundraising Activities*: <input type="checkbox"/> 50 / 50 Draw <input type="checkbox"/> Raffle *A license may be 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"/> Locates for tents <input type="checkbox"/> Vehicle access in park <input type="checkbox"/> Hydro	<input type="checkbox"/> Portable Stage <input type="checkbox"/> Showmobile

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 St. Catharines 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/License.

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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 St. Catharines (to be paid as per the rates set by third party insurance provider) |
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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/ or take down 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 St. Catharines Parks Recreation and Culture 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:
 Citizens First
 PO Box 3012, 50 Church Street
 St. Catharines, ON L2R 7C2 Email: eplay@stcatharines.ca
 Tel : 905.688.5600 | Fax: 905.682.3631 TTY : 905.688.4TTY (4889)

Facility Booking Request:

Method of Payment

Cheque Cash Debit Visa Master Card

Cardholders Name (Please print): _____

Card # ____ _ ____ _ ____ _ ____ _ ____ _ ____ _ ____ _

Expiry Date: ____ ____ / ____ ____

Cardholder's Signature: _____

For Office Use only	Permit #:
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