



PO Box 3012, 50 Church Street  
 St. Catharines, ON L2R 7C2  
 Tel : 905.688.5600  
 TTY: 905.688.4TTY (4889)  
 www.stcatharines.ca

### 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): \_\_\_\_\_

<b>Request Details</b>	<b>Permit Start Date:</b> _____	<b>Permit End Date:</b> _____	<b>Frequency:</b> <input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
	<b>Day(s) of the Week &amp; Time(s):</b> <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 _____		<b>Estimated Number of Attendees:</b>  <b># of rinks / fields / rooms needed:</b>
<b>Classification of Event</b>	<b>Ages:</b> <input type="checkbox"/> Adults <input type="checkbox"/> Youth (ice-19 years and under)		<b>Non Profit /Charitable Groups:</b> Charitable or Non Profit Registration Number: _____		
<b>Facility Type</b> (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
<b>Facilities Requested:</b> Not guaranteed	<b>1<sup>st</sup> Choice:</b> _____		<b>2<sup>nd</sup> Choice:</b> _____		

<b>Type of Event</b> (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	<b>Sports</b> <input type="checkbox"/> Game <input type="checkbox"/> Practice <input type="checkbox"/> Tournament <input type="checkbox"/> Sport Camp <b>Name of Sport:</b>
<b>Food &amp; Beverage</b> (check all that apply)	<b>Food:</b> <input type="checkbox"/> Yes* <input type="checkbox"/> No *Permission from the City may be required *Public Health Food Handling Guidelines must be followed.	<b>Food Preparation:</b> <b>If cooked onsite:</b> <input type="checkbox"/> Use BBQ <input type="checkbox"/> Propane* <input type="checkbox"/> Kitchen required  *Propane license is required	<b>Alcohol:</b> <input type="checkbox"/> Alcohol Served* <input type="checkbox"/> Alcohol Sold* <input type="checkbox"/> No Alcohol  *Special Occasions Permit and Smart Serve is required
<b>Entertainment &amp; Activities</b> (check all that apply)	<b>Amplified Sound</b> <input type="checkbox"/> DJ <input type="checkbox"/> Live Instruments <input type="checkbox"/> Recorded Music /Radio	<b>Vendors</b> <input type="checkbox"/> Food <input type="checkbox"/> Retail	<b>Fundraising Activities*:</b> <input type="checkbox"/> 50 / 50 Draw <input type="checkbox"/> Raffle *A license may be required
<b>Special Requests:</b>	<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.

- |  |   |
|--|---|
| <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) |
|--|---|

**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](mailto:eplay@stcatharines.ca)  
 Tel : 905.688.5600 | 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 #:
---------------------	-----------

Please return the form to:

Citizens First  
PO Box 3012, 50 Church Street  
St. Catharines, ON L2R 7C2   Email: [eplay@stcatharines.ca](mailto:eplay@stcatharines.ca)  
Tel : 905.688.5600 | TTY : 905.688.4TTY (4889)