

# TOWNSHIP OF GEORGIAN BAY

## APPLICATION FOR THE USE OF FACILITIES



### SECTION A: ORGANIZATION INFORMATION (PLEASE PRINT OR TYPE)

ORGANIZATION NAME		
ORGANIZATION ADDRESS		POSTAL CODE
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		POSTAL CODE
NAME OF APPLICANT	PHONE	CELL
WORK PHONE	EMAIL ADDRESS	
BACK-UP CONTACT PERSON	ALTERNATE CONTACT PHONE	

### SECTION B: BOOKING INFORMATION

LOCATION:	DAY OF WEEK:	START DATE:	FINISH DATE:
SET UP TIME/DATE:	START TIME:	FINISH TIME:	TOTAL TIME:
PURPOSE OF FUNCTION:	SINGLE USE <input type="checkbox"/> MULTIPLE USE <input type="checkbox"/>		
SPACE REQUESTED: (CHECK ALL REQUIRED)	LOUNGE <input type="checkbox"/> GYM <input type="checkbox"/> KITCHEN <input type="checkbox"/> UPSTAIRS HALL <input type="checkbox"/> ARENA SURFACE <input type="checkbox"/> PAVILLION <input type="checkbox"/> HONEY HARBOUR PARK LANDING <input type="checkbox"/>		
OTHER <input type="checkbox"/>	USER DATES TO EXCLUDE:	SOCAN?	WILL ALCOHOL BE SOLD OR DISTRIBUTED? _____ NUMBER OF ATTENDEES: _____
BOOKING TAKEN BY:	DATE BOOKED:	INSURANCE PROVIDER: LIMIT \$2 MILLION ___ \$5 MILLION ___ RATE: _____ PREMIUM: _____	

### SECTION C: EQUIPMENT REQUEST

<input type="checkbox"/> Tables _____	<input type="checkbox"/> Coffee Urns _____
<input type="checkbox"/> Chairs _____	<input type="checkbox"/> Plates (dozen) _____
<input type="checkbox"/> Extension Cord _____	<input type="checkbox"/> Cups/Saucers (dozen) _____
<input type="checkbox"/> Garbage Cans _____	<input type="checkbox"/> Bowls (dozen) _____
<input type="checkbox"/> PA Mic / Stand	<input type="checkbox"/> Flatware (dozen) _____
<input type="checkbox"/> Podium	<input type="checkbox"/> Other _____
<input type="checkbox"/> Stage	<input type="checkbox"/> Other _____
<input type="checkbox"/> Projector Screen	

### SECTION D: FACILITY AWARENESS TRAINING

**(TO BE COMPLETED BY GBT PARKS AND RECREATION STAFF)**

- Staff contact/emergency phone numbers list
- Location of First Aid Kit
- Location of Emergency Exits
- Location of Fire Extinguishers
- Location of AED
- Location of Light Switches
- Closing Procedures

### THE RENTAL IS NOT CONFIRMED UNTIL THE FOLLOWING CONDITIONS ARE MET:

**25% Booking Deposit Received**   
  **Contract Completed**   
  **\$200 Damage deposit required**  
 **Proof of Insurance**   
  **Copy of Special Occasions Permit** (if alcohol is consumed or sold)

(TO BE COMPLETED BY TOWNSHIP OF GEORGIAN BAY, PARKS AND RECREATION STAFF)

**SUBMISSION OF THIS FORM DOES NOT GUARANTEE APPROVAL OF YOUR APPLICATION/RENTAL**

**SECTION E: FEES****FACILITY FEES:**

HOURLY RATE: \$ \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

NUMBER OF DAYS: \_\_\_\_\_

**TOTAL FEE:** \$ \_\_\_\_\_**CUSTODIAL FEES:** (\$25/HOUR)

TOTAL HOURS: \_\_\_\_\_

**TOTAL CUSTODIAL FEES:** \$ \_\_\_\_\_**EQUIPMENT FEES:**

EQUIPMENT USED: \_\_\_\_\_

UNIT COST/DAY: \$ \_\_\_\_\_

TOTAL DAYS: \_\_\_\_\_

**TOTAL EQUIPMENT FEES:** \$ \_\_\_\_\_**SOCAN:** \$ \_\_\_\_\_**HST ( 13% )** \$ \_\_\_\_\_**INSURANCE:** \_\_\_\_\_ XPST \_\_\_\_\_ \$ \_\_\_\_\_**DAMAGE DEPOSIT** \$ \_\_\_\_\_**KEY DEPOSIT:** \$ \_\_\_\_\_

(deposit returned upon returning the key)

**TOTAL FEES:** \$ \_\_\_\_\_**PAID BY:**  CASH  CHEQUE**STAFF RECEIVED:** \_\_\_\_\_**SECTION F: KEY INFORMATION**Key Required?  Yes  No Rental Key # \_\_\_\_\_ **KEY DEPOSIT COLLECTED** **KEY DEPOSIT RETURNED**

Date Picked Up: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Key Holder: \_\_\_\_\_ Code Given: \_\_\_\_\_

Key Given By: \_\_\_\_\_ Staff Received: \_\_\_\_\_

**NOTES:****SPECIAL OCCASION PERMIT #**


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# TOWNSHIP OF GEORGIAN BAY

## APPLICATION FOR THE USE OF FACILITIES

### LIABILITY WAIVER



I \_\_\_\_\_, being a facility user do hereby  
**acknowledge and agree to the following:**

- 1) I have completed the Facility Awareness Training.
- 2) As a key holder and/or facility applicant, I must be in attendance during the rental period.
- 3) As a key holder and/or facility applicant, I am responsible to report any lost or stolen keys to the Corporation of the Township of Georgian Bay, immediately upon knowledge of the item(s) being lost or stolen.
- 4) At the time of application, I have obtained an age of 18 years.
- 5) The rental contract allows for no claim to compensation from the Township for any loss, damages, or expenses resulting in a cancellation of a rental contract.
- 6) Township events shall take priority over External User Group activities.
- 7) Parking only in designated areas. Fire routes and driveways shall not be blocked and failure to comply may result in ticketing, towing, etc. Continued infractions may revoke the permit.
- 8) Payment of any charges incurred by the Township as a result of improper use of the fire or security alarms.
- 9) Familiarizing their group with all emergency exits. User Groups are not to obstruct aisles, hallways or exits. All fire and safety regulations shall be followed.
- 10) Township facilities shall remain locked at all times after regular hours. All external user groups are required to have a representative at the door to control entrance of participants from their group and are responsible for supervising all persons admitted to the facilities during the entire rental period.
- 11) Confining activities to the designated facilities as indicated on the permit and immediate corridors and washrooms.
- 12) Abiding with the Township's no smoking policies. Smoking in Township buildings is strictly prohibited.
- 13) Ensuring that all activities adhere to prevailing bylaws and that all necessary insurance, licenses, permits, etc. are obtained and in place prior to use.
- 14) Consuming or selling alcoholic beverages on Township property is strictly prohibited, unless a Special Events Permit has been obtained.
- 15) ***If alcohol is consumed or sold, the Municipal Alcohol Policy must also be filled out and signed.***
- 16) Cooperating fully with the Township of Georgian Bay staff.
- 17) Vacating promptly at the time specified on their rental contract. Additional rental and custodial time will be charged for additional use.
- 18) Facilities shall not be altered in any way. Facility and equipment shall be left in the same condition in which they were received. Any damage will be the responsibility of the user group;
- 19) User Groups shall advise the Township of any change in their use, such as, but not limited to: time of use, food, crafts, extra participants, equipment requirement, etc.
- 20) User Groups shall understand and agree to the terms and conditions in the Use of Facilities Policy and Procedures.
- 21) Rental contracts will be invalid during days when the Township offices are closed due to inclement weather or building operating problems.
- 22) Any group misconduct by an applicant shall be reported by the user or Township staff to the Recreation Coordinator, who will issue a verbal warning for the first misconduct, followed by a written warning for the second misconduct. A third misconduct will result in a letter canceling the permit. Depending upon the severity of the misconduct, the Township reserves the right to cancel the permit at any time without notification.
- 23) The key, alarm code, and building access are for the applicant's use only and shall not be shared or transferred to anyone. I must set the alarm code prior to locking the facility if I am the last to leave.
- 24) The key is to be returned to the Corporation of the Township of Georgian Bay at the end of the rental period (lost or unreturned keys will result in a replacement fee of \$50)
- 25) Failure or refusal by the contract holder to adhere to the rental contract may result in the cancellation and refusal to grant any further rental contracts, as well as, any additional charges.
- 26) The Township of Georgian Bay maintains the right to cancel or alter any rental contract and will attempt to provide a weeks notice of contract changes.
- 27) The Municipality retains the right to revoke my status as a key holder at anytime.

ALL DOCUMENTS MUST BE IN 2 WEEKS PRIOR TO EVENT (INCLUDING INSURANCE AND PERMITS). YOUR PACKAGE IS DUE ON \_\_\_\_\_

LIABILITY INSURANCE MUST BE AT LEAST \_\_\_\_\_ MILLION DOLLARS

(AND NAME THE TOWNSHIP OF GEORGIAN BAY AS THE ADDITIONAL CO-INSURED) INITIAL TO ACKNOWLEDGE \_\_\_\_\_

I \_\_\_\_\_ acknowledge that I have completed the Facility Awareness Training and understand the items as listed above.

**APPLICANT:**

**FACILITIES STAFF:**

**DATE:**

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