

APPLICATION FOR RENTAL OF SPRINGWATER RECREATION FACILITIES

Contact Information	
Contact Name:	
Organization Name (if applicable):	
Status of Organization (please select):	For Profit
	Not-for-profit
Address:	
Phone Number:	
Email:	

Reservation Information	
Name of Event:	
Date(s) of Event:	
Event Start / End Time:	
Licensed (Please select):	Licensed
	Unlicensed
Anticipated Attendance:	
Please Describe the Event:	

Please select the location(s) you require:			
Location	Occupancy	Accessible Venue	
Anten Mills Community Centre	60	Yes	
Elmvale Community Arena - Ice	1,400	Yes	
Elmvale Arena - Springwater Room	210	Yes	
Elmvlae Community Hall	220	Yes	
Grenfel Community Hall	60	No	
Heritage Park	n/a	Yes	
Hillsdale Community Centre	45 / 90	No	
Midhurst Community Centre	97 / 90	No	
Midhurst Community Centre – Bowling Alley	60	No	
Minesing Community Centre	150	Yes	

For Licensed Events	
Special Occasion Permit # (LCBO):	
Name(s) and Certification Numbers of Trained Servers:	

I, the undersigned, have read, understand and agree to the terms of the Rental of Springwater Facilities Policy.

Signature of Renter: _____

Date: _____

Your personal information is being collected under the authority of the *Municipal Act* under section 8(1). Your personal information is necessary to complete the rental of the requested facility. The use of your personal information will be restricted to the purposes described or for any consistent purpose. If you have any questions please contact the Clerk for the Township of Springwater, 2231 Nursery Rd., Minesing, ON, L0L 1Y2, (705) 728-4784.

For Internal Use Only:

Date Received:	
Total Hours:	
Fee Calculation:	
Deposit Booking:	
Security Deposit:	
Subtotal:	
Amount Received:	
Date:	
Balance Owing:	
Total Paid:	
Date Amount Received:	
Comments:	