



Smiths Falls Curling and Squash Club
 P.O. BOX 84, 13 OLD SLY'S ROAD
 SMITHS FALLS, ON K7A 4S9
 613-283-4700

E-MAIL curling@bellnet.ca FAX NUMBER 613-283-8865

RENTAL AGREEMENT 2021-22

(PRICE INCLUDES GST/HST)
 (GST NO. 10489 4993)

Function _____ Date _____

Number of participants _____ Time _____ a.m./p.m. – _____ a.m./p.m.

Contact _____ Phone Number _____

E-mail _____

Rental Fees:

| | |
|---|----------------|
| Arena, Lounge, Kitchen | \$540.00 _____ |
| Arena, Lounge | \$325.00 _____ |
| Lounge | \$215.00 _____ |
| Lounge (off-season rate April to September) | \$110.00 _____ |
| Kitchen rental for cooking and catering (use of stove, dishwasher, etc.) | \$215.00 _____ |
| Kitchen rental for use of fridge and prep area only (Charge for dishware usage to be determined) | \$80.00 _____ |

| | |
|---|----------------|
| Ice Surface @ \$75/sheet (min. of 2 sheets; max. 2 hrs) | \$169.50 _____ |
| Ice Preparation & Cleaning | \$100.00 _____ |

| | |
|--|---------------------|
| Squash Courts @ \$50 each (max. 4 hours) (Prices subject to change without notice.) | \$56.50/\$113 _____ |
|--|---------------------|

Cancellation Fee **\$55.00**
 ** Non-Profit Community Organizations - \$100.00 discount

 Contact Date _____

Rental Fee Total _____

Deposit \$ _____ (Min. \$55.00)
 Date _____

Balance \$ _____
 Date _____

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Kitchen Requirements: YES ___ NO ___
Catering by SFC&SC YES ___ NO ___

Light lunches \$___./person Number _____
Coffee/snack \$___./person Number _____
Special requests or arrangements: _____

Caterer

Name _____ **Phone** _____

Arrival time _____

Room Set-up and/or Decorating Requirements: YES ___ NO ___

Contact _____ **Phone number** _____

Date _____ **Time:** _____ a.m./p.m. to _____ a.m./p.m.

Equipment TV/DVD/Screen _____

Bar Requirements YES ___ NO ___

Bar Hours Open ___ am/pm Close ___ am/pm

Temporary License Extension (Arena-off-season) Yes ___ No ___

Special beverage OR other bar request _____

**RENTAL AGREEMENT
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EVENT: _____

DATE: _____

TERMS AND CONDITIONS

All alcoholic beverages and non-alcoholic beverages are to be purchased from SFC&SC.
All rental charges are to be paid in full at time of event. Unprotected candles are not to be lit.

The Smiths Falls Curling and Squash Club shall not be liable for any damage or injury caused to me or my organization or any of my guests or our property while on the leased premises unless such damage or injury is caused by the negligence or wilful misconduct of the Smiths Falls Curling and Squash Club, its agents or employees. I, my organization and my guests agree to indemnify the Smiths Falls Curling and Squash Club from any and all loss suffered by the Smiths Falls Curling and Squash Club as a result of the usage of the premises.

Children must be supervised at all times.

I, the undersigned or representative, hereby agree to terms stipulated by the Smiths Falls Curling and Squash Club and concur with this contract.

NAME: (please print) _____

SIGNATURE: _____

MAILING ADDRESS: _____

PHONE NO: Work: _____ **Home:** _____

E-MAIL _____

SFC&SC Office Signature: _____

(Office use)

| | | HST | TOTAL |
|--------|--|-----|-------|
| RENTAL | | | |
| FOOD | | | |
| BAR | | | |
| TOTAL | | | |