



P.O. BOX 84, 13 OLD SLY'S ROAD
SMITHS FALLS, ON K7A 4S9
613-283-4700
EMAIL: office@curlingsquash.ca

RENTAL AGREEMENT 2023-24

(PRICES DO NOT INCLUDES HST)
(HST 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)	\$150.00 _____
Ice Preparation & Cleaning	\$100.00 _____
Squash Courts @ \$50 each (max. 4 hours) (Prices subject to change without notice.)	\$50.00/\$100.00 _____

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 _____
(No paper or metallic confetti)

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 _____

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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			