

Town of Naicam
 Facility Use and Rental Agreement
 P.O. Box 238 Naicam, SK S0K 2Z0
 Office Phone: (306) 874-2280
 naicam@sasktel.net

Organization/Company/Individual Name: _____

Phone Number: _____ Address: _____

Contact Person and Phone (if different than above): _____

Name of Event (if applicable): _____

Type of Event: _____ # of People: _____

Start Date: _____ **Start Time:** _____ (include setup)

End Date: _____ **End Time:** _____ (include setup)

Applicable deposit and all rates/fees must be pre-paid to confirm booking. Rental rates are plus applicable taxes.

RATE TYPE	Rate	Qty.	Amount Payable
Hourly Rate (approx. 60 minutes)			
Half Day Rate (approx. 6 hours)			
Day Rate (approx. 12 hours)			
"Weekend" Rate (roughly 48 continuous hours)			
SUBTOTAL			
Non-profit Discount (50% off) if applicable		Disc.	
Discount/Waiver under Policy or Resolution #		P/R	
		GST	
Deposit: \$500 (where liquor is being served)		Dep.	
Apply Key Deposit of \$50 (if needed)		K.Dep	
TOTAL			

If unused in this rental, for regular/frequent user, hold deposit on file? YES / NO Renter Initial: _____

OFFICE ONLY

Paid in Full Receipt# _____ Pass Inspection? YES/ NO Initial: _____ Key Returned? YES / NO Initial: _____

Cleaning Form Returned: YES / NO Initial: _____ Deposits Returned Date: _____ Amt: _____ Chq#: _____

Extra Time Requested and Granted by: _____ on Date: _____

RENTER
INITIAL

I understand and agree to the terms and conditions of this agreement and as noted within the *Facility Rental Policy* provided to me and that I have been provided with the cleaning form that is to be returned with the hall key (if applicable) after the booking is complete.

Signed this _____ day of _____, 20_____.

Renter's Signature

Office Staff Signature