


A Room for all Occasions
Rental Application

Name of Group/Organization: _____

Do you have a Valid Certificate of Insurance? YES NO Expiry Date: _____

Are you a for-profit or not for-profit organization? _____

Name of Contact Person: _____

Address of Contact Person: _____

Phone Number: Home: _____ Cell/Work: _____

Email Address: _____

Number of Persons Attending: _____

Which Areas are to be Used:

Community Room

Kitchen

Chapel

If you have selected the kitchen, please specify for what use:

Will you be needing Catering? YES NO

Will there be someone on site with a food preparation course? YES NO

Name of the person: _____

Will you be needing the use of our Audio and Video Equipment? For what purposes?

For what activities will you be using the Community Room for:

Date: _____

Time: FROM _____ am/pm TO _____ am/pm

PLEASE NOTE THAT WE CANNOT ENSURE THIS IS AN ALLERGY FREE FACILITY

Receptions ~ Events ~ Conferences ~ Workshops

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