

TOWN OF MARATHON
APPLICATION TO RENT A MUNICIPAL RECREATION FACILITY

Name of Applicant _____ Group/Organization (if applicable) _____
 Mailing Address _____
 Home Phone No. _____ Work Phone No. _____ Fax No. _____
 Brief description of activity _____ How many people do you expect? _____
 Are you at least 18 years old? Yes No If under 18 years old, onsite supervision by someone 18 years of age or older is required.
 Will food be served? Yes No If yes, Safe Food Handling Guidelines may need to be completed by applicant.
 Will live or recorded music be played? Yes No Does your organization/individual have personal liability insurance? Yes No
 Tables required? Yes No How many? _____ Chairs required? Yes No How many? _____ Will alcohol be served? Yes No
 Other Equipment/Services Required? _____

Date(s) of Event _____

<input type="checkbox"/> Arena	Time _____	<input type="checkbox"/> Multipurpose Room	Time _____
<input type="checkbox"/> Arena Parking Lot	Time _____	<input type="checkbox"/> Lakeview Community Hall Gym	Time _____
<input type="checkbox"/> Swimming Pool	Time _____	<input type="checkbox"/> Lakeview Community Hall Kitchen	Time _____
<input type="checkbox"/> Viewing Room	Time _____	<input type="checkbox"/> Lakeview Community Hall Room 4	Time _____
<input type="checkbox"/> Theatre	Time _____	<input type="checkbox"/> Dyer's Ball Field	Time _____
<input type="checkbox"/> Arena Meeting Room	Time _____	<input type="checkbox"/> HSSS Ball Field	Time _____
<input type="checkbox"/> Other _____			Time _____

PLEASE NOTE When renting any Town of Marathon facility, please allow enough time for setting up/decorating prior to event and cleaning up after the event. **Your rental time includes your time needed for set-up and clean-up.** The actual time you rent the facility is what you will be charged, i.e., if your event is scheduled from 2 - 3 p.m. and you need 30 minutes to set up and 30 minutes to clean up, your rental request time should be 1:30 - 3:30 p.m.

TERMS & CONDITIONS

1. The Town of Marathon will not be held responsible for personal injury or loss suffered by anyone while a facility, equipment or services are being used.
2. The applicant assumes responsibility for all damages/losses arising from the use of facilities, equipment and services and agrees to reimburse for any costs incurred as a result of such damages and/or losses.
3. The Town of Marathon reserves the right to cancel any rental without notice.
4. **All payments must be received prior to the event/activity, unless arrangements for invoicing have been made.** A fee may be levied for the use of equipment or services. The user accepts responsibility for payment.
5. The Town of Marathon's grounds and facilities are designated non-smoking as per provincial legislation and municipal by-law, except when used in conjunction with Special Occasions Permits.
6. The applicant is responsible for advertising/promoting its event/activity and assumes all financial and other risks created by competing/conflicting events/activities.
7. This application is to be returned to the Community Services Department at the Marathon Recreation Complex during office hours or faxed to (807) 229-2499. **No facility is officially booked until a contract is signed and returned (if necessary), and appropriate payment has been received, written confirmation is returned to you, or you are notified by our staff.**

I have read the above Terms and Conditions regarding the use of facilities, equipment, and services and understand that failure to comply with these will result in the cancellation of this agreement.

Applicant's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY COMMUNITY SERVICES STAFF

Availability confirmed Handout given Keys signed out Safe Food Handling Guidelines given Paid To be invoiced
 No. of hours _____ Hourly cost \$ _____ Total cost \$ _____ \$50 Cleaning/damage received (LCH rentals only)
 Purchase order number _____ A/R number and date _____
 Comments _____
 Authorized Staff Signature _____ Date _____ Copy to Pool Staff Operator(s)

SET-UP REQUEST & INSPECTION REPORT

(For office use only)

SET-UP REQUEST

Date(s) of Rental _____

<input type="checkbox"/> Arena	Time _____	<input type="checkbox"/> Multipurpose Room	Time _____
<input type="checkbox"/> Arena Parking Lot	Time _____	<input type="checkbox"/> Lakeview Community Hall Gym	Time _____
<input type="checkbox"/> Swimming Pool	Time _____	<input type="checkbox"/> Lakeview Community Hall Kitchen	Time _____
<input type="checkbox"/> Viewing Room	Time _____	<input type="checkbox"/> Lakeview Community Hall Room 4	Time _____
<input type="checkbox"/> Theatre	Time _____	<input type="checkbox"/> Dyer's Ball Field	Time _____
<input type="checkbox"/> Arena Meeting Room	Time _____	<input type="checkbox"/> HSSS Ball Field	Time _____
<input type="checkbox"/> Other _____			Time _____

Tables: No. Required _____ **Chairs:** No. Required _____ Other Equipment/Services _____

Comments _____

INSPECTION REPORT

*It's important that this section be filled out by the Facility Operator before and after the event.
This will help keep track of all tables and chairs as well as pinpoint any damage that may be done.*

Before Event

Number of Tables _____ Number of Chairs _____ Floor Condition _____

Other Equipment Condition _____

Comments _____

Inspection performed by _____ Date _____

After Event

Number of Tables _____ Number of Chairs _____ Floor Condition _____

Other Equipment Condition _____

Comments _____

Inspection performed by _____ Date _____