



# Town of Norman Wells Rental Application and User Agreement

## Facilities and/or Equipment

## Rental Charge

Rental rates for Municipal Facilities – copy of By-Law #21-21, Schedule “B” and “D”, are attached.

- |                          |  |       |
|--------------------------|--|-------|
| <input type="checkbox"/> | <i>Ray Persson Memorial Arena</i>              | _____ |
| <input type="checkbox"/> | <i>Private Ice Rental</i>                      | _____ |
| <input type="checkbox"/> | <i>Baseball Diamond</i>                        | _____ |
| <input type="checkbox"/> | <i>Dennis Drolet Memorial (Community) Hall</i> | _____ |
| <input type="checkbox"/> | <i>Karen Balanuik Memorial Curling Rink</i>    | _____ |
| <input type="checkbox"/> | <i>Penguin Palace Swimming Pool</i>            | _____ |
| <input type="checkbox"/> | <i>Youth &amp; Elder Centre</i>                | _____ |
| <input type="checkbox"/> | <i>Picnic Tables</i> _____                     | _____ |
|                          | quantity                                       |       |
| <input type="checkbox"/> | <i>Tables</i> _____                            | _____ |
|                          | quantity                                       |       |
| <input type="checkbox"/> | <i>Chairs</i> _____                            | _____ |
|                          | quantity                                       |       |
| <input type="checkbox"/> | <i>Other</i> _____                             | _____ |

Subtotal: \_\_\_\_\_

GST: \_\_\_\_\_

Total: \_\_\_\_\_

To be invoiced  OR paid  (if paid, receipt No. \_\_\_\_\_)

The mandatory \$200.00 deposit has been received for this application.

Key(s) issued \_\_\_\_\_, 20\_\_ . List keys: \_\_\_\_\_  
\_\_\_\_\_

Date and Time of Acquisition:

DATE \_\_\_\_\_ TIME \_\_\_\_\_

Rental Expiry Date and Time:

DATE \_\_\_\_\_ TIME \_\_\_\_\_

Organization / Applicant's Name:

\_\_\_\_\_  
PRINT (Signature Required on Page 2)

Rental Purpose and Special Requirements:

\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED ON REVERSE ►**

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**Rental Application and User Agreement**

**I hereby agree to the following conditions of facility and/or equipment rental and use:**

1. That the mandatory \$200.00 damage deposit be paid in advance of the rental booking being confirmed.
2. That notice of cancellation must be given 24 hours in advance by calling the Town of Norman Wells Office (587-3700).
3. That the Town Office be notified of any damage to the facilities and/or equipment as soon as possible.
4. That all keys will be turned into the Town of Norman Wells Office at the completion of the rental/loan period.
5. That it is the responsibility of the person/organization named as the applicant herein to be familiar with proper use of facilities and/or equipment where required.
6. That it is the responsibility of the applicant to leave the facilities in the same condition as received. If the facility is not in the same condition at the completion of the rental period, the applicant will be billed for cleaning at a rate of \$40.00/hour OR billed the daily rental fee for the applicable facility until the building is clean.
7. That it is the responsibility of the applicant to provide the appropriate level of supervision and security during the use of the Town of Norman Wells facilities.
8. That it is the responsibility of the applicant to pick up, transport, and return all equipment at the completion of the rental/loan period.
9. To hold harmless the Town of Norman Wells and their directors, officers, and employees from all liability for property damage or personal injury to any party resulting from the use of their facilities and/or equipment.
10. To indemnify (that is, financially compensate) the Town of Norman Wells for any damage to facilities and/or equipment, including the application of my deposit toward the costs of repair/replacement to damaged facilities and/or equipment.
11. **Please ensure that kitchen and bathroom taps are closed off when not in use; and, toilets are not left “running.” Please ensure this to avoid unnecessary, overhead utility costs.**

Applicant's Signature: \_\_\_\_\_

Organization/Applicant's Mailing Address: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Application Received: \_\_\_\_\_  
Staff Signature

Application Approved: \_\_\_\_\_  
Staff Signature

Rental Inspection Complete: \_\_\_\_\_  
Staff Signature and Date