

GREENFIELD COMMUNITY LEAGUE RENTAL AGREEMENT

PLEASE PRINT WHEN COMPLETING

Name of Renter _____

Renters Organization (if applicable): _____

Renters Mailing Address: _____

Home Phone Number: _____ Business Number: _____

Greenfield Community League Member? Yes _____ No _____ Member # _____

Purpose of Rental: _____

Date of Rental: _____ Time of Rental: _____ to _____

Will Liquor be served? Yes _____ No _____ License # _____

Rental Space Required: HALL _____ KITCHEN _____ MEETING ROOM _____ LIBRARY _____

Facility Rental Fee: _____ Cheque #: _____

Damage Deposit: _____ Cheque #: _____

Date Received: _____ Receipt #: _____

Renter received a copy of GCL Facility User Responsibilities and acknowledges that it forms part of this Rental Agreement: _____ (Renter Initials)

Renter received a copy of GCL Rental Policy and acknowledges that it forms part of this Rental Agreement: _____ (Renter Initials)

Acceptance of terms and conditions of rental:

Renter (Please sign): _____ Date: _____

GCL Rental Agent: _____ Date: _____

