

GREENFIELD COMMUNITY LEAGUE

RENTAL AGREEMENT

Please Print Clearly

Name of Renter: _____

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

Renter's Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Renter's Email Address: _____

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

Purpose of Rental: _____

Will Liquor be served? Yes _____ No _____ License # (*To be provided 2 weeks prior to rental date*) _____

Short Term Hall Rental Insurance Provider: (*To be provided 2 weeks prior to rental date*) _____

Rental Space Required: HALL _____ KITCHEN _____ MEETING ROOM _____

Hold that Date Deposit: **\$100.00** Cheque #: _____

Facility Rental Fee: _____ (less \$100.00) Cheque #: _____

Damage Deposit: _____ (\$500 and/or \$200) Cheque #: _____

Due date for Insurance, Liquor License and remainder of Payment: (*2weeks prior to event*) _____

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

**** This Rental Agreement MUST accompany the "Hold that date" deposit cheque ****