



Facility Rental Application
 (Note: To book a birthday party, please call the front desk at Paul Reynolds 576-8631 or Mews Centre 576-8499.)

Contact Information

SECTION 1

Main Contact _____ Group/Organization _____
 Address _____ City/Town _____ Postal Code _____
 Phone Number (Home) _____ (Work) _____ (Cell) _____
 Email _____
 Alternate Contact _____ (Phone) _____ (Cell) _____
 Type of Group: Family Corporate Other _____
 Registered Non-Profit Group: Yes No Registration No. _____

Date(s) Requested

SECTION 2

Facility Requested: Mews Centre PRCC	Room Type: Full Gym	Type of Rental: General Rental
Date(s) Requested _____	½ Gym (PRCC)	School Rental
Arrival Time _____ Departure Time _____	MPR	All Day Event
Expected # of Participants _____ Age Group _____		Meeting
		Other

Description of Event _____

Provide specific details including any third-party vendors (ex. bouncy castle, equipment, etc.) that are attending:

Details (Please review and sign Facility Rental Contract Agreement on reverse.)

SECTION 3

Are you a league or a team? Yes No	If yes, please indicate:
Do you require a specific setup? Yes No	If yes, please indicate:
Will you be bringing in any person(s), performer or service (i.e. magician, inflatable castle, etc.)? Yes No	If yes, please indicate:
Will you be bringing in any food or beverage to use during your rental? Yes No	If yes, provide description:

Applicant's Signature _____ Date (YYYY/MM/DD) _____

Privacy Notice

SECTION 4

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process the Facility Rental Application. Questions about the collection and use of the information may be directed to the Recreation Division Supervisor at 709-576-8631 / 576-8499 or recreation@stjohns.ca.



Users of the requested facility acknowledge and agree to the following:

1. Users agree to pay for any damage to the facility that occurs during the rental as a result of their activities or use of the facility.
2. Users who intend to bring in equipment or participate in an activity that the facility is not normally used for must indicate this on the Rental Request Application. The City, in its sole discretion, may determine that certain activities or equipment are not acceptable and/or may require proof of liability insurance with the “City of St. John’s” being named as an additional insured (minimum of \$2,000,000 coverage). Note: use or presence of bouncy castles, combative sports, exotic animals or insects will require this insurance for the rental period.
3. Use of alcohol and tobacco is prohibited in City facilities.
4. Food and beverages are permitted only in Multi-Purpose Room and kitchen.
5. Users must provide their own supplies and equipment (i.e. cutlery, music).
6. Limited kitchen facilities are available.
7. No personal bouncy inflatables allowed. The City may determine that certain activities or equipment are not acceptable and/or may require proof of liability insurance.
8. Users must follow all rules posted throughout the facility.
9. Cancellations, unless by the City, must be received at least 14 days before the rental date for a refund or credit. If a cancellation is received less than 14 days before the rental date a refund or credit will not be issued. The City may consider medical reasons or special circumstances where less than 14 days’ notice is given.
10. Refunds for payments made by cash/cheque will be refunded by cheque only. Refunds for payments made by credit card will be refunded back to the same card. Refunds for payments made by debit can refunded back to the same card or by cheque. Please allow 2-4 weeks for processing.
11. Users must begin and end their rental according to the times indicated on the approved Permit issued.
12. Users must ensure there’s a 1:10 ratio, 1 adult supervisor to 1 child participant.

For inquires or concerns during weekend hours, PLEASE call the H.G.R. Mews Community Centre at (709) 576-8499 or Paul Reynolds Community Centre at (709) 576-8631.

I have received a copy of the Rental Request Application and the Facility Rental Agreement, have reviewed both and agree to the terms and conditions set out therein.

Name (please print)	Signature	Date
Name (please print)	Signature	Date

For Internal Use Only

SECTION 6

Requested Room Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant Notified of Booking <input type="checkbox"/> Yes <input type="checkbox"/> No
Booked on A/N <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____	Insurance Certificate Attached, if required <input type="checkbox"/> Yes <input type="checkbox"/> No
Amt. of Rental _____ Date Paid _____	Contract Signed and Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Representative’s Signature: _____ Date _____	

Please send completed form to:	Recreation Division P.O. Box 908 St. John’s, NL A1C 5M2	For further information: Phone: 709-576-8631 / 576-8499 Email: recreation@stjohns.ca
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