



Eagle River Recreation Centre Rental Agreement

Rental CONTRACT/AGREEMENT BETWEEN The Municipality of Machin

and _____
(Name of Organization or Individual)

Date of Event _____ Purpose _____

Use of Hall and Fees (check all that apply):

- Damage Deposit \$150
- Weddings, Dances, Socials (Includes Kitchen) \$250
- Other Events (Day Rentals) \$175
- 4-Hour Rental (Birthday Party, Bridal Shower, etc..) \$90
- Funeral Free

Terms of Use:

The following is a list of rates and conditions between the Municipality of Machin and the party who is renting/using the Eagle River Recreation Centre.

It is the responsibility of the **renter** to obtain a Party, Alcohol, and Liability Insurance Policy (PAL) if a Liquor License/Permit is obtained and alcohol is being served on the premises of the Eagle River Recreation Centre. The policy can be obtained from any Insurance Agency. It is also the responsibility of the **renter** to ensure compliance of the **non-smoking policy** that governs the Eagle River Recreation Centre while under contract as per this agreement.

Rent is to be paid to the Municipal Office and the key for the Rec Centre will be maintained by the Municipal Office. Conditions/responsibilities are accepted by the **renter** as follows:

1. A damage deposit of \$150.00 is required. **THIS DEPOSIT MUST BE PAID BEFORE THE REC CENTRE IS RELEASED FOR THE FUNCTION.** If damage occurs, the amount will be deducted from the \$150.00 and the remaining balance refunded. If damages are in excess of \$150.00, extra charges will be added.
2. An additional charge of \$50.00 will be charged if the Recreation Centre is not left clean and garbage removed.
3. Renter must provide their own kitchen supplies (coffee, milk, sugar, etc..)
4. Food items in fridge are for municipal employees only
5. Any linens used must be laundered and returned within 3 days or be subject to a \$25 charge.

I, the Renter, agree to all the conditions as outlined in this contract for the use of the Eagle River Rec Centre.

Legal signature of Renter and Representative of Organization

Date

Please Print Name

Telephone