



FACILITY BOOKING REQUEST

BOOKING NO. _____

FORM MUST BE FILLED OUT WITH FULL NAME, ADDRESS, PHONE, EMAIL – CONTRACTS WILL NOT BE SENT WITHOUT THIS INFORMATION **4-6 weeks notice prior to all events ONLY will be accepted.

ALL PAYMENTS in FULL due at TIME OF BOOKING. When signature and payment is received, your booking is secured. *Cancellation fees will apply. Email completed form to Parksandrec@essatownship.on.ca

DATE RECEIVED: _____

Name: _____

Phone: _____

Address: _____

Resident? _____

E-mail: _____

Date of Event: _____ Alternate date: _____

Location/Room: _____

Event Type: _____

Kitchen Required? _____ Alcohol Being Served? N / Y [Insurance Required]

Time: _____

Set up time? (30 mins prior w/o charge) _____ Clean up time? (will be considered in time slot) _____

Event Fee: (please refer to recreation Fee Chart): _____

Deposit Req'd: _____ SOCAN Fee Req'd: _____ Insurance Req'd: _____

Liquor License Req'd: _____ OFF SEASON FEE: _____ Lottery License: _____
(April 1 to Oct 1)

NOTES: _____

Contract Sent for Signature: _____ Date: _____

Payment Received: _____ Date: _____