



## Recreation Facility Rental Request Form

Please return completed form and a copy of any corresponding documents to [recreception@paradise.ca](mailto:recreception@paradise.ca).  
 Note that payment is required to confirm bookings and the requested rental time is not guaranteed until an invoice is received, and the rental has been confirmed. Once payment is processed, confirmation will be sent by email.

SECTION 1 - CLIENT INFORMATION			
<b>Organization Name</b>			
<b>Contact Name</b>			
<b>Mailing Address</b>			
<b>Town / City</b>		<b>Postal Code</b>	
<b>Daytime Phone Number</b>		<b>Secondary Phone Number</b>	
<b>Email Address</b>			
<b>Organization Type</b>			
<input type="checkbox"/> Seasonal Group	<input type="checkbox"/> Private	<input type="checkbox"/> Community Group	<input type="checkbox"/> School / Educational
<input type="checkbox"/> Registered Non-Profit	<input type="checkbox"/> Charitable (include #)	Charitable Org. Number	
SECTION 2 - EVENT TYPE <i>*FOR ONE-TIME RENTAL REQUESTS ONLY*</i>			
<input type="checkbox"/> Special Event	<input type="checkbox"/> Hourly Rate	<input type="checkbox"/> Daytime Function	<input type="checkbox"/> Child Birthday Party
<input type="checkbox"/> Baby / Bridal Shower	<input type="checkbox"/> Evening Function	<input type="checkbox"/> Community Group	<input type="checkbox"/> Fundraiser
<input type="checkbox"/> Walk / Run	<input type="checkbox"/> Seasonal Rental (please complete Sections 3 and 5)		
<input type="checkbox"/> Other (please describe)			
<b>Event Name</b>			
<b>Event Date</b>		<b>Total Rental Time</b> (start to finish, with setup)	
<b>Event Time</b>			
SECTION 3 - LOCATION <i>*SELECT ALL THAT APPLY*</i>			
<b>Paradise Double Ice Complex</b>			
<input type="checkbox"/> Rink A	<input type="checkbox"/> Rink B	<input type="checkbox"/> Warming Room	<input type="checkbox"/> Main Lobby
<b>Rotary Paradise Youth and Community Centre</b>			
<input type="checkbox"/> Hedley Blundon Gym	<input type="checkbox"/> Resource Room A	<input type="checkbox"/> Resource Room B	<input type="checkbox"/> Main Floor Kitchen
<input type="checkbox"/> Youth Centre	<input type="checkbox"/> Skate Park	<input type="checkbox"/> Fitness Studio	
<b>Peter Barry Duff Memorial Park</b>			
<input type="checkbox"/> Soccer Field	<input type="checkbox"/> Baseball Field (Large)	<input type="checkbox"/> Baseball Field (Small)	<input type="checkbox"/> Clubhouse
<b>Dianne Whelan Memorial Soccer Complex</b>			
<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Field 1	<input type="checkbox"/> Field 2	<input type="checkbox"/> Field 3 - Turf
<b>Milton Road Ball Field</b>			
<input type="checkbox"/> Clubhouse		<input type="checkbox"/> Ballfield	
<b>Paradise Park</b>			
<input type="checkbox"/> Stage / Bandstand		<input type="checkbox"/> Temp Ballfields / Greenspace	<input type="checkbox"/> Volleyball Court
<b>St. Thomas Community Centre</b>			
<input type="checkbox"/> Multipurpose Room			

**SECTION 4 - SETUP REQUIREMENTS**

Total number of participants _____	<input type="checkbox"/> Tables (number required) _____	<input type="checkbox"/> Chairs (number required) _____
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**Please specify any other setup requirements**

  
  
  

**SECTION 5 - RENTAL DETAILS \*FOR SEASONAL RENTAL REQUESTS ONLY\***

Documents required:

Facility Rental Agreement (signed by a member of your executive)

General Liability Insurance (minimum \$2M coverage) with the Town of Paradise listed as an additional insured

**Rental Dates**

<b>Start Date</b>		<b>End Date</b>	
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**Frequency**

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
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**Activity Type**

<input type="checkbox"/> Practice	<input type="checkbox"/> Game	<input type="checkbox"/> Tournament	<input type="checkbox"/> Meeting
<input type="checkbox"/> Special Event	<input type="checkbox"/> Banquet	<input type="checkbox"/> Other _____	

**Event Days and Times**

Please attach additional schedules and detailed information if space below is insufficient.

Day of week	Time of Event	Group / Event Name
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

**Alternative Options**

<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

**Privacy Notice:** Personal information collected on this form is administered under Part III of the Access to Information and Protection of Privacy Act, 2015, and is collected and used only for Town rental programs and services. If you have any questions about the collection, use and disclosure of your personal information, please contact the Town.

**OFFICE USE ONLY**

Application Approval		Date of Approval		Supervisor Signature	
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