

## West Parry Sound District Facility Rental

Between: West Parry Sound District Museum, Herinafter known as the 'Museum'

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And:

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Contact(Name):

Phone Number:

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Fax Number:

Email:

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Address:

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Facility to be Rented (Please Circle one or more):

a) Lions Room b)Kitchen c)Outdoor Deck d)Activity/Craft Room e)Founder's Room f)Office Space

Type of Event:

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Details of Event:

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Type of Set up: a)Theatre b) Board Style c)Open d) Other (please specify)

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Date(Room to be rented):

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Total Hours Facility Rental(include set up):

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Number of People:

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Public or Private Event:

Special Occasion Permit: YES or NO

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Will Event be Catered?: \_YES or NO

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Rental Rate per Hour(as per facility rental rate sheet):

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Method of Payment:

Date of Payment:

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Tablecloths? YES or No

How Many:

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Projector: YES or No

Projector Screen: YES or NO

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Coffee/Tea Service: Yes or No

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Please note any other amenities needed:

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Agreement Clause:

In consideration of the Museum permitting use of its facilities, the undersigned agrees to indemnify and save harmless the Museum, its agents, servants and employees from and against all actions, suits, claims and demands which may be brought against the Museum, arising from the use of said facilities for this event. I have read, and have received a copy of and agree to comply with the Conditions of this Agreement.

Name of Individual Responsible

Signature

Date

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17 George St. Parry Sound, On PO Box 337 P2A 2X4 Ph. 705.746.5365 Fax:705.746.8775