



# HALL / FACILITY REQUEST FORM

## Community Services Department

SEND COMPLETED FORM TO: [RecCenterStaff@westnipissing.ca](mailto:RecCenterStaff@westnipissing.ca) or  
 West Nipissing Recreation Complex - 219 O'Hara Street, Sturgeon Falls  
 F: 705-753-6636 T:705-753-0160

NAME OF ORGANIZATION / GROUP / INDIVIDUAL		HALL / FACILITY REQUESTED	
CONTACT PERSON (if different from person originating the request)		PHONE	EMAIL
TYPE OF EVENT		DATE(S) REQUESTED	EXPECTED ATTENDANCE
PREFERRED START TIME (INCLUDING SET-UP)		PREFERRED END TIME (INCLUDING TAKE DOWN)	ARE YOU A NOT FOR PROFIT / CHARITABLE ORGANIZATION?
			NFP / CHARITABLE NUMBER

### TO BE COMPLETED BY THE APPLICANT

	YES	NO
WILL THERE BE FOOD AT THIS EVENT?		
IS THE KITCHEN REQUIRED?		
IS THE EVENT CATERED?		
NAME OF CATERER		
WILL YOU BE USING AN EVENT PLANNER / DECORATOR?		
NAME OF PLANNER / DECORATOR		
WILL THERE BE ALCOHOL?		
WILL THERE BE A LIVE BAND OR DJ?		

### TO BE COMPLETED BY THE APPLICANT

	YES	NO
DO YOU HAVE LIABILITY INSURANCE?		
DO YOU HAVE A ROOM SET UP PLAN?		
WILL YOU HAVE LICENSED BARTENDERS?		
WILL THERE BE VENDORS? (FOOD OR RETAIL)		
WILL THERE BE FUNDRAISING ACTIVITIES? (ex. 50/50 draws, raffle, etc.)		

### SPECIAL REQUIREMENTS / COMMENTS

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### FOR MUNICIPAL OFFICE USE ONLY

Received by: Rec. Staff Initials : \_\_\_\_\_

Approved by: Rec. Staff Initials \_\_\_\_\_