



Listowel Evangelical Missionary Church
 Permit for Use of Facilities Form
 Rental Application

- Copied to Custodian
- Proof of Insurance
- Customer Receipt
- Damage Deposit

To be completed by the applicant...

Contact Name: _____

Name of Group: _____

Address: _____

Telephone (day) _____ (night) _____

E-mail Address: _____

Details: Event Type: _____

Date/s	Room/s	Open Time	Close Time	Event Time	Expected Attendance	Set up?

I acknowledge that having read the guidelines regarding use of facilities, I will observe and follow the guidelines. I assume full responsibility for damage incurred to the facilities, and realize that I am using the facility at my own risk in case of accident. I am responsible for providing proof of liability Insurance for the event prior to my event.

Signature of Applicant: _____

Date: _____

Office Use: _____

Approved by: _____ Date: _____

Damage Deposit Date: _____ Cheque # _____

Balance Paid in Full Date: _____ Cheque # _____

Proof of Insurance Policy # _____ Insurance Provider: _____

Invoice # _____ Signature: _____