

**EMO-LAVALLEE COMMUNITY CENTRE
TABLE/CHAIR RENTAL DEPOSIT FORM**

Renter's Name (Printed): _____

Mailing Address: _____

Phone Number: _____ Cell: _____

I am in receipt of _____ tables and _____ chairs from the Emo-LaVallee Community Centre.

Renters shall be deemed responsible and liable for damages to the tables. The cost of repairing any such damage may be charged to the renter, including the cleaning or replacement of any damaged tables.

I/We assume all responsibility for the tables during the time of my/our rental.

This form acknowledges the receipt by the Emo Municipal Office of \$250.00 deposit for the tables/chairs. All refund payments issued must be approved by Council. Therefore, a cheque for the full deposit will be mailed out to the above address following the next Council meeting.

I fully understand, acknowledge and agree to the above by signing my name in the appropriate space:

Date of Rental: _____

TOTAL NUMBER OF TABLES/CHAIRS RENTED: _____

TOTAL FEE:

Damage Deposit:	\$250.00
Rental Fee: \$10.00/table/day or \$20.00/table/week	_____
\$1.00/chair/day or \$2.00/chair/week	_____
HST:	_____
TOTAL PAID:	_____

Renter's Signature

Date

Signature of Emo Municipal Staff

This form must be completed in full before any table(s) can be issued to the Renter.