

HRC FACILITY RENTAL APPLICATION FORM

1. Client Information		
Name:		
Name of Organization if applicable:		
Address:		
Email Address:		
Telephone (Business/Cell):		
Client Category:		
Member of Public		
Affiliated Client Name:		

2. Event Details

Date(s) and time(s) required: list all dates requested:

*Recurring bookings can be requested up to one month in advance during normal business hours and up to three months in advance for bookings after normal business hours.

Date(s):

<u>Time(s)</u>

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Number of participants:	
Type of Event:	
Specify if other, and det	tails including accommodations or special requirements:
Room request: (Pleas	e check each that apply):
To review a space, plea	ase contact FacilitiesServices@halton.ca to book an appointment.
Available to Clients from	om 8:30 a.m. to 9:00 p.m.
Small meeting roor	n (Seating capacity: 4-12)
Large meeting roor	m (Seating capacity: 13-34)
Available to Clients from	om 4:30 to 9:00 p.m.
Large meeting/e	event space (Bronte room – Seating capacity: 165)
Large meeting/e	event space (Auditorium/Gymnasium – Seating capacity: 200)
Meeting room set up is	boardroom style
Large Meeting/Event S	Space Set Up:
	pardroom Theatre Horseshoe Banquet
2	es set up of chairs and tables according to selected set up style. from the following equipment to be provided as part of the
Audio or microphone sy	rstems:
Speaker qty (max 2	
Lapel mic: (max:1):	

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Handheld mic qty (max 2):	
Projection Screen qty (max 2):	
Stage (size range: 32 -320 sq ft) Size required:	
Podium	
Easel qty required (max 8):	
Additional equipment, outside of those provided with this room booking, may be provided by the Client and indicated below:	
Audio or microphone systems	
□ Stage	
Tables or chairs	
Other equipment	
List other equipment:	
Food and Beverage:	
Alcoholic beverages, controlled, or illegal substances are strictly prohibited from use. Food and beverage are not included as part of the Facility Rental. Clients may arrange for food beverage separate from this application. Indicate below (if applicable):	
Will you book catering services?	
☐ Yes ☐ No	
Company name:	
Contact number:	

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4.	Acknowledgment
	I acknowledge that the HRC Facility Rental Application Form is a request only, pending approval by Facilities Services.
	I acknowledge that once this application is approved, I will be required to complete and submit an executed HRC Facility Client Rental Document with applicable waivers, and all associated fees.
	The information I have provided in this HRC Facility Rental Application Form is accurate and complete to the best of my knowledge.
	I am 18 years of age or older.
	I acknowledge that I will be required to obtain and provide proof of liability insurance of up to \$5,000,000 (based on the activity), and where applicable will be required to provide proof of liability insurance and valid WSIB Clearance Certificate(s) of any vendors, including off-site caterers, participating in the event.
Signat	ture: Date:

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