

Facility Rental Agreement
301 Scott Street, St. Catharines

Date(s): _____

Time(s): _____

*I assume full responsibility to cover the facility rental fees of \$250.00 per event (first five hours) and \$75.00 per hour thereafter. I take full responsibility that all funds are delivered to the administrative offices of Harvest Bible Chapel Niagara, during the regular office hours, no later than one week prior to the agreed rental date.

*I assume responsibility to hire Harvest's sound and technology person for an extra flat rate of \$125.00 per event.

*I agree and am aware, that for this agreement to become binding, it must be approved by the Board of Elders. The Elders' decision is final.

*I agree to fully cooperate with the Custodian who will open and close the facilities, help and give assistance as needed to make this a memorable event.

*I assume full responsibility for any damage to the building or contents of the building and will make a full restitution thereof or I will provide a copy of "EVENT INSURANCE" with a rental fees payment.

*I am aware and agree, that this is an "ALCOHOL, DRUGS AND SMOKE FREE" facility.

*I assume full responsibility to leave the facility clean, with all items returned to their original place.

Rentee Signature: _____

Staff Signature: _____

Date: _____

Elder approved:

YES

NO