Township of Kerns Facility Rental Agreement



	Renter Information
Full Name:	Last
Organization Name (if applicable)	
Address:	
Phone:	Email
NOTICE: RENTAL FEES SUBJ	Facility/Payment Information ECT TO CHANGE JANUARY 1 ST OF EACH YEAR.
Community Hall	\$50.00 per day/per weeknight (Mon-Thurs) \$100.00 per day/per weeknight (Fri-Sun, Stat Holidays)
Deposit:	\$Payment Method:
Date Deposit Received:	\$ Payment Method:
Date Balance Received:	Payment Method.
I hereby agree to the regu	lations as set forth above by the Kerns Recreation Committee.
Renter Signature:	Date:
Staff Signature:	Date: