## **Town of Spiritwood**

## SPIRITWOOD CIVIC CENTRE

## TABLE AND/OR CHAIR RENTAL AGREEMENT Schedule D

Name of Group:				
Contact for Group:				
Address:				
Phone Number(s) at work	home	cell		
Dates of rental:				
Rates:  Tables \$15 / table X Chairs \$2 / chair x  Subtotal = PLUS DAMAGE DEPOSIT =	chairs for agreed up		\$\$ \$\$ \$\$	100.00
Receipt #:	_ TOTAL =		\$	
The Group will pick up the tables and /	or chairs on:	at		
The Group will drop off the tables and ,	or chairs on:	at		
Additional Information:				
Every effort will be made to comply wit have to be present for access to storag and times stated, alternate arrangement group does not comply with this required damage deposit refund.	h these dates and time ge where tables and/or nts must be made as so est then an administra	chairs are kept. If this con as possible to accomi	nce any tow an't be faci modate the	litated at dates request. If the
For return of the damage deposit, once	e verified by the Town (	Official after the rental, to	o whom do	you what the
cheque returned to:				
and mailed to address:				
Signature of Contact Person	 Date	 Town	Official	