

HALL RESERVATION REQUEST FORM

This form does not guarantee the reservation of a hall. Certain conditions apply.

Hall	<input type="checkbox"/> Luskville community centre	<input type="checkbox"/> Kitchen
	<input type="checkbox"/> Quyon Women's Institute	<input type="checkbox"/> Kitchen
	<input type="checkbox"/> Quyon community centre	<input type="checkbox"/> Kitchen

Date (s) _____

Time of arrival _____

Time of departure _____

If the reservation is for more than one day

Renewal	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Season	<input type="checkbox"/> Winter (Jan-March) <input type="checkbox"/> Spring (April-June) <input type="checkbox"/> Summer (July-August) <input type="checkbox"/> Fall (Sept.-Dec.)

Other information

Activity (ties)	_____
Music (copyright)	For dancing <input type="checkbox"/> Ambient music <input type="checkbox"/> no music <input type="checkbox"/>
Kitchen	Caterer <input type="checkbox"/> MAPAQ permit <input type="checkbox"/> Liquor permit <input type="checkbox"/>
Age Category	<input type="checkbox"/> Children 0-12 yrs. old <input type="checkbox"/> Teenagers 13-18 yrs. old <input type="checkbox"/> Adults <input type="checkbox"/> Seniors
Name of Organization	_____
	Private <input type="checkbox"/> Community organization <input type="checkbox"/>
Coordinator's name	_____
Address :	_____
Phone	_____
Email	_____
Fee charged to participants	\$ _____

DESCRIPTION OF THE EVENT:

Number of participants _____

Number of tables required _____

Number of chairs required _____

Large hall ☐ Kitchen ☐ Coat Check ☐ Bar-Coffee ☐ Mezzanine ☐**OUTDOOR EVENT:**

Layout plan

Safety plan

Proof of insurance

Liquor permit

INDOOR EVENT:

Layout plan

Safety plan

Proof of insurance

Liquor permit

RENTAL OF THE KITCHEN:☐ No caterer (private event, family or other)☐ Caterer : Name : _____ Tel. _____☐ # Permit : MAPAQ # _____ Name : _____☐ # MAPAQ certificate : _____☐ Other : _____

☐ If you plan to drink or sell alcohol, you must obtain a reunion permit from the Régie des alcools, des courses et des jeux du Québec. Please go to their website <https://www.racj.gouv.qc.ca/formulaires-et-publications.html> to fill out your application form. Please allow 15 business days for the Régie to process your application.

☐ I agree to provide a copy of the permit from the *Régie des alcools*, 15 days before the date of the event.

☐ I agree to remit a cheque for the **security deposit** (amount determined in APPENDIX 1: Rates) which will be returned after the municipality has checked the premises. In case of damage or infraction of the Municipality of Pontiac's Policy on the Rental of Municipal Facilities, the security deposit will not be refunded.

☐ I am responsible for any loss or damage to equipment (except if the damage is brought on by normal wear) that occurred under my responsibility and I agree to reimburse the cost of repair or replacement.

☐ I fully understand that any person or organization that contravenes the rules and regulations of the municipal community centres, who leaves the site in a state of uncleanness, or damages municipal property, will be charged a fee to rectify the situation. In addition, the security deposit will not be refunded.

☐ I promise to notify the municipality without delay (24 hours in advance), should there be any cancellation of our activity. If not, the Municipality reserves the right to keep the security deposit. Non-refundable.

1. **COVID-19**: I agree to comply with the sanitary measures and various obligations imposed by the government on the day of the event, including the requirement of mandatory vaccination depending on the situation and the mandatory wearing of face coverings for all persons having access to the rented premises and its dependencies. <https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/deroulement-vaccination-contre-la-covid-19/passeport-de-vaccination-covid-19/lieux-et-activites-exigeant-passeport-vaccinal-covid-19>

Initials:

2. **COVID-19**: I agree to provide all the necessary materials to comply with the sanitary measures and various obligations imposed by the government on the day of the event (disinfectants for hands and surfaces, etc.).

Initials:

3. **COVID-19**: I agree to provide the Municipality with proof from the Public Health Department allowing me to hold my event when it is of a public nature (open to the public). (This proof can be obtained by emailing the Public Health Department directly: 07.dspu_questions_covid-19@ssss.gouv.qc.ca).

Initials:

4. **COVID-19**: I agree that the Municipality may cancel the rental at any time, without payment of any indemnity or compensation, in the event that government-imposed sanitary measures prevent or seriously risk preventing the possibility of holding a gathering on the day of the event. The Municipality shall refund to the lessee the full amount already collected.

Initials:

5. **COVID-19**: In the event of the failure of the Lessee to comply with the obligations set out in the two preceding paragraphs, the Lessee agrees to hold the Municipality harmless and indemnify it, its representatives, officers, elected officials or employees from and against any damages, condemnation, fine or loss of any nature whatsoever arising out of any claim, demand, suit, action or other proceeding which may be brought as a result of the failure to comply with the obligations set out in the two preceding paragraphs.

Initials:

☐ I have read, I understand and accept the rules and conditions of the Municipality of Pontiac's Policy on the Rental of Municipal Facilities <https://municipalitepontiac.com/wp-content/uploads/2022/03/Politique-de-location-8-mars-2022-Final-angl.pdf>

☐ I accept and agree to abide by the rules pertaining to the reservation, rental and use of the Municipality of Pontiac's Community Centres.

Signature: _____

Name: _____

Date: _____

Please send your reservation request to: info@municipalitepontiac.ca.

*****For access to the gymnasium:** Please note that, in the event that you must cancel your activity on any given day for whatever reason or if you must leave early, you must inform the person in charge of the key, Mrs. Lynn Régimbal (819) 455-9132 or cell. (819) 790-0321. Thank you.*

**For more information, please call
(819) 455-2401**

- Approved with the following conditions:*

Full payment is required to confirm your reservation

Rental fees: _____ days x _____ \$ Total = _____ \$

Other fees: _____ \$

Security deposit: _____ \$ (refundable within 30 days of the event if all rental conditions are met)

- Credit card payments will be made in collaboration with the Finance Department of the Municipality, by appointment.*
- The Municipality of Pontiac reserves the right to refuse rental requests.*
- Certain conditions apply.*
- The reservation will be confirmed when all conditions are met by the tenant and accepted by the Municipality.*

FOR ADMINISTRATION USE ONLY

Date: _____

Approved by: _____ Conditions: _____

Signature: _____