

TENT RENTAL

Event Date(s): _____

Contact _____

Address _____

Phone (R) _____ (B) _____ (C) _____

Event _____

Date to Pick Up Time: _____ Date: _____

Date to be Returned Time: _____ Date: _____

Rates

Rental Fee	Days	Cost
Single Day \$165.00		\$
Weekend Rate (Fri – Sunday) \$250.00		\$
Additional Days \$85.00/day		\$
SUB TOTAL		\$
GST on Rent		\$
Deposit \$500.00 deposit is required at the time of booking. Rental is not confirmed until deposit received. Receipt No. _____		\$ 500.00
Total Cost		\$

Cheque payable to: **Town of Fairview**

I have read the attached Policy and Regulations and agree to all terms as set:

Signature

Print Name