

**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		\$
<b>SUB TOTAL</b>		\$
GST on Rent		\$
<b>Deposit</b> \$500.00 deposit is required at the time of booking. Rental is not confirmed until deposit received. Receipt No. _____		\$ 500.00
<b>Total Cost</b>		\$

Cheque payable to: **Town of Fairview**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name