



# Caldwell First Nation

14 Orange Street, Leamington, Ontario N8H 1P5

Phone: 519-322-1766 Fax: 519-322-1533

## Hall Rental Agreement

Rental Date(s): \_\_\_\_\_, 20\_\_\_\_\_.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

CFN Contact: Tammy Jolicoeur 519-890-0216 for hall 30 minutes prior to open and close.

A non-refundable Deposit of \$50.00 is required to secure basic banquet hall rental. Hall rental fee will be determined according to the attached fee schedule.

### Upstairs Hall

1. Maximum Hall Capacity for events is \_\_\_\_\_ persons with dinner tables and dance floor.  
\_\_\_\_\_ persons without dance floor.
2. The hall may be accessed for decorating purposes the evening prior to function with a \$50.00/hr charge or on the day of the function providing there is no other booking on that day and one person **MUST** remain in the hall at **ALL** times once the door is unlocked.
3. The hall must be vacated within two hours following the finish of the function with the hall cleaned, swept and mopped, washrooms cleaned and all decorations must be removed at the end of the function.
4. Deposit must be paid in advance to secure the date and will be return within one week after the event to make sure everything was cleaned and no damages occurred.
5. The rental fee must be paid to CFN one week prior to the event.
6. Damage costs may be charged to the renter if damages occur during the function.
7. Kitchen Access:
  - a) The renter is responsible for clean-up of the kitchen area.
  - b) The food inventory stored within the kitchen is for CFN catering purposes only.
  - c) The renter is responsible for the proper care of all equipment and dishes within the kitchen area.
  - d) Additional costs may be added for missing or damaged articles.
8. Bar Facilities:
  - a) All alcohol purchases, license fees, and liability insurance is the responsibility of the Renter.
  - b) Alcohol events will require smart serve trained bartenders.
  - c) Bar prices are set by the renter.
9. Security may be required at certain functions, which will be determined by the CFN booking representative, and the cost of same will be borne by the renter.

**Renter Information**

Contact Person/Name of Group: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Address of Group or Contact: \_\_\_\_\_

Rental Fees: \$ \_\_\_\_\_ + HST (13 %) \$ \_\_\_\_\_ = Total Fees \$ \_\_\_\_\_

Deposit Fee: \$ \_\_\_\_\_

Total Hours Extra: \_\_\_\_\_ Extra Hours Fee @ \$50.00/HR: \_\_\_\_\_

**ADDITIONAL CHARGES/REQUESTS:**

**Please choose the items you need from this list:**

- UPSTAIRS HALL PACKAGE \$500.00 (for events with alcohol being served)
- UPSTAIRS HALL PACKAGE \$400.00 (for events without alcohol)
- Banquet Hall Hourly Rate \$50.00/hr. \_\_\_\_\_ (# of hours needed) \_\_\_\_\_ (times)
- Projector & Screen \$50.00
- Linen Tablecloths \$80.00

**Total Rental Fees: \$ \_\_\_\_\_**

Deposit Received: \$ _____ Date: _____	
Balance Received: \$ _____ Date: _____	Total Paid in Full: \$ _____

Signature of Rental Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CFN Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL REQUESTS/NOTES:**