



THE CORPORATION OF THE MUNICIPALITY OF TEMAGAMI

DAMAGE DEPOSIT

Deposit Amount \_\_\_\_\_  
Less Damages \_\_\_\_\_  
TOTAL REBATE \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

MUNICIPALITY OF TEMAGAMI FACILITY RENTAL CHECK LIST / QUESTIONNAIRE

Date and Time of Event: September 2023 to May 2024 wklly meetings

Type of Event: social gathering for local women

Legal Name of Individual or Organization: Sisters by Choice

Operating Name of User (if different): \_\_\_\_\_

Contact Name: Tina Malbrecht

Address: 391 Marten Lk Rd, Marten River Ont P0H 1T0

Telephone: 705-892-2154

Rental Rate: \_\_\_\_\_ Location: \_\_\_\_\_

Expected Attendance: 10-20 Keys Required? [ ] Yes [X] No

Will alcoholic beverages be available and/or sold? [ ] Yes [X] No *If yes complete below*

Liquor License / Special Occasion Permit No.\*: n/a \*copy must be provided

Permit Holder's Name: n/a

Are minors to be admitted? [ ] Yes [X] No

Will non-alcoholic beverages be available? [X] Yes [ ] No

Transportation Strategies: [ ] Designated Driver [ ] Van or Bus [ ] Other: \_\_\_\_\_

Insurance Policy #\*: \_\_\_\_\_ OR [X] Through Municipality

Special Considerations: \_\_\_\_\_

Have you received a copy of the Municipal Facilities Rental Policy? Yes [X] No [ ]

Do you understand this Policy? Yes [X] No [ ]