**Renter Information:**

|  |  |  |
| --- | --- | --- |
| Name/Organization: | | |
| Mailing Address: | | |
| Contact Name: | Phone: | Email: |

**Event Booking Information:**

|  |  |
| --- | --- |
| Booking Date: | |
| Location Requested (wharf – special pricing): | |
| Start Time: | Finish Time: |
| Description of event: |  |

**I agree to abide by the municipality’s rules and regulations: ­­­­­­­­­­­­­­­(initial):\_\_\_\_\_\_\_**

***Failure to comply with the rules and regulations of the Municipal District of St. Stephen may result in removal from the facility, with no refund.***

I, the undersigned cardholder, authorize the merchant “Municipal District of St. Stephen” to charge my credit card for purchases related to reservation. I agree that my information may be saved by the merchant for future payments and understand that this can be revoked at any time with request.  I understand that my card will be charged 48 hours prior to the event date and if a cancellation is not placed, in writing, prior to 48 hours I will be charged as per the Cancellation Policy, which I have read and understand. I, the undersigned understand that in case of a payment being declined, the rental will be cancelled.

|  |  |  |
| --- | --- | --- |
| **Card Type: € Visa Credit € Mastercard Credit € Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Card Holder Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CVV/CVC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Card Holder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_