**Renter Information:**

|  |  |  |
| --- | --- | --- |
| Type: $40.00 Dry Floor off season $149.00 Daytime (Mon-Fri 8am-5:00pm)  $146.75 Youth SportOrganizations $146.75 *Registered* Non-Profits  $225.00 Prime Time (Mon-Fri 5:00pm-9:00pm, all day Saturday/Sunday/Holidays)  $165.50 Late night (9pm to close) $79.50 School Daytime(Mon-Fri 8am-3:00pm) | | |
| Name/Organization: | | |
| Mailing Address: | | |
| Contact Name: | Phone: | Email: |

**Event Booking Information:**

|  |  |
| --- | --- |
| Booking Date: | |
| Start Time: | Finish Time: |

**I agree to abide by the facility’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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_