GERALDTON CURLING CLUB Box 790

Geraldton, ON POT 1M0 807-854-1113 www.geraldtoncurlingclub.ca



Curling Club Booking Request Form

Oganization or C	oroup Name:			
Type of Event: _	Size of Group Expected:			
First Name:		Last Name:		
Telephone:		Email:		
Mailing Address	(for billing pur	rposes)		
City		Postal Code	Province	
Date requested: _		Time from:	to:	
Planning to deco	rate?			_
Please check fac	ilities required	for your booking:		
Lounge only:	□yes □no	fee: \$150.00 + \$19.50 HST	=	
Kitchen/lounge:	□yes □no	fee: \$200.00 + \$26.00 HST	=	
Bar/lounge:	□yes □no	fee: \$250.00 + \$32.50 HST	=	
Curling Ice:	□yes □no	fee: \$45.20/hr. (incl. HST)	hours =	
Curling Equipme	ent Needed?	lyes □no fee: \$25.00	=	
			TOTAL =	
Booking Deposi	t of \$50 is requ	ired to hold the booking date	: PAID NOT PAI	TD.
		the dinner tables, please advisusually \$20 per bottle.	se booking chairperson in	advance of the
** If any GCC e	quipment is da	maged, or items lost or stolen,	an additional charge will	be added on.
** If the facility be added on.		cleaning after the event, in exc	cess of four hours, an addi	tional charge w
Notes:				