

Sharon Hope United Church
18648 Leslie Street
Sharon, ON
L0G 1V0
905-478-2231

Rental Agreement

Date of Rental:

Purpose of Rental:

**Number of Attendees
Expected:**

Name of Renter:

**Contact Address of
Renter:**

**Contact Number for
Renter:**

**Contact E-Mail Address of
Renter:**

Equipment Required: (X all that apply)

- | | | | |
|---|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chairs and
Tables | <input type="checkbox"/> Dishware | <input type="checkbox"/> Serving ware | <input type="checkbox"/> Utensils |
| <input type="checkbox"/> Coffee pots\Urns | <input type="checkbox"/> Sound
System | <input type="checkbox"/> Piano | <input type="checkbox"/> TV |
| <input type="checkbox"/> Flip Chart | <input type="checkbox"/> Playground | | |

Note: Third Party Insurance Is Required

A copy of the Certificate of Insurance, with Sharon-Hope United Church and the United Church of Canada as an additional insured, will be required prior to the event and before the key card is released to the renter.

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Total Fee \$ _____ payable prior to the event and upon receipt of insurance certificate and issuance of key card

The playground is locked. The key can be obtained from the Church Office when you pick up your building access key. Children using the playground must be supervised at all times. Use the playground at your own risk.

I agree to pay the rental fee as indicated above. I have read the Rules and Regulations and agree to abide by them. As a renter, I understand that Sharon-Hope United Church is a multi-use facility. I will be respectful of the property and its contents.

Renter's Signature: _____ Date: _____

SHUC Representative's Signature: _____ Date: _____

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Office Use: (indicate date and sign as completed - exception: if the funeral is arranged with the church by a funeral home)

Security deposit paid by renter	Date:	Initials:
Total Rental Fee Received	Date:	Initials:
Third Party Liability Insurance Copy received	Date:	Initials:
Issued Key Card	Date:	Initials:
Key card returned & Exit Checklist completed	Date:	Initials:
Checklist reviewed by SHUC	Date:	Initials:
Security deposit returned/shredded (Circle one) Yes/No	Date:	Initials:

If no, provide details: _____

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RENTAL EXIT CHECKLIST

Please complete and sign the following checklist before leaving the facility. Leave this checklist with your keys.

Close all windows.	<input type="checkbox"/>
Lock all outer doors (3 doors in sanctuary, 1 in Harmony Hall, 1 beside parking lot). When exiting side door, ensure door is locked by pulling from the outside.	<input type="checkbox"/>
Take home all garbage, recyclables, and compost.	<input type="checkbox"/>
Remove all decorations and signs.	<input type="checkbox"/>
Return all furniture and fixtures as found.	<input type="checkbox"/>
Check bathrooms to ensure toilets are flushed, taps are turned off, floors are clear of debris, and lights are off.	<input type="checkbox"/>
Remove all Caterers affects.	<input type="checkbox"/>
Turn the dishwasher off.	<input type="checkbox"/>
Turn the stoves and ovens off.	<input type="checkbox"/>
Remove all your food from refrigerators and freezers	<input type="checkbox"/>
Remove all your linens, tea towels and dishcloths.	<input type="checkbox"/>
Spot clean floors of spills and scuff marks; sweep excess debris.	<input type="checkbox"/>
Heat/AC are on programmable thermostats. If adjusted, return to 18°C Winter and 24°C Summer.	<input type="checkbox"/>

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Turn off all lights.	<input type="checkbox"/>
Leave key card and this form in the Office Administrator mail slot.	<input type="checkbox"/>

Renter's Signature: _____ **Time:** _____ **Date:** _____

Your feedback would be appreciated (use back if needed):

Please report any required repairs as soon as possible to SHUC (905) 478-2231. In the event of an emergency or if you require immediate assistance, please contact: Bob Patterson (905) 868-7978 or Todd Telford (416) 567-2373. Weekends and Evenings please call Dave Greenwood (519) 859-2459.