



Rental Request Form

For picnic reservation requests please click [here](#). For Mill Race photo/wedding requests please click [here](#). For all other facility reservation requests please complete the form below.

Event Details

(*Mandatory Fields - Please ensure to complete all mandatory information, failure to do so may result in delays)

*Type of Facility (ie: arena, gym, meeting room, banquet hall, sports field)	
*Event Name and Description	
*Number of Attendees	
*Date Requested	
*Event Time Requested (excluding any set-up/tear-down time)	Start Time: _____ End Time: _____
*Do you require set-up before or tear-down after your event time? (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note, if yes, additional fees may be applicable
Please indicate how much set-up and tear-down time is required	Set-up time _____ Tear-down time _____
*Will alcohol be served? (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note, if yes, event must be book at least six(6) weeks prior to event date
*Will you be playing music? (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note, additional SOCAN/RESOUND fees may be applicable
*Will there be dancing? (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes	

Insurance

Insurance is mandatory. If you are providing your own insurance, you are required to provide a Certificate of Insurance evidencing General Liability in an amount not less than \$2 million per occurrence with the City of Cambridge listed as additionally insured, providing coverage for bodily injury and property damage. If you do not have insurance coverage, you may be added to the City’s Facility User Insurance Policy.

- I choose to provide a copy of my own Certificate of Insurance
- I wish to purchase insurance through the City



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Customer Information

(*Mandatory Fields -Please ensure to complete all mandatory information, failure to do so may result in delays)

*Name of Applicant (Signing Authority)			
*Address			
*City		*Postal Code	
*Phone #:		Cell Phone #:	
*Email		*Date of Birth	

Organization Information

Is this request being made on behalf of an organization? If yes, please fill out the following.

Name of Organization			
Address			
City		Postal Code	
Phone #:			
Email:			

*Submitted By: _____ *Date: _____

Return completed form to rental@cambridge.ca or mail to:
 City of Cambridge – Service Cambridge
 50 Dickson St - Main Floor
 Cambridge, ON N1R 5W8

Do Not Send Payment With This Form As This Is Not A Valid Permit And The Request Has Not Yet Been Confirmed