



**GEORGIAN BAY FOLK SOCIETY**  
**BLEACHER RENTAL AGREEMENT - SPECIAL EVENT EQUIPMENT**

**OFFICE USE ONLY**

|                      |                    |
|----------------------|--------------------|
| Date Received: _____ | Received By: _____ |
|----------------------|--------------------|

**A. EVENT AND RENTER DATES:**

Event associated with rental: \_\_\_\_\_

Event dates: \_\_\_\_\_ to \_\_\_\_\_      Rental dates: \_\_\_\_\_ to \_\_\_\_\_

**B. RENTER:**

|                     |                     |               |
|---------------------|---------------------|---------------|
| Organization: _____ | Contact Name: _____ |               |
| Address: _____      |                     |               |
| Municipality: _____ | Postal Code: _____  | E-mail: _____ |
| Telephone: _____    | Fax: _____          | Cell: _____   |

**C. EQUIPMENT RENTAL DETAILS AND COSTS:**

| # OF ITEMS | ITEM DESCRIPTION  | FEE PER DAY      | # OF DAYS                | RENTAL FEE: SUBTOTAL PER ITEM              |
|------------|---|------------------|--------------------------|--|
|            | 24' mobile steel bleachers with wooden plank seating                  | <b>\$75 EACH</b> |                          | \$ _____                                   |
|            | Delivery , if applicable  | <b>TBD</b>       | <input type="checkbox"/> | \$ _____                                   |
|            | HST#11893-7267 RR0001 (13%)   | <b>HST</b>       | <input type="checkbox"/> | \$ _____                                   |
|            | <b>TOTAL PAYABLE</b> <input type="checkbox"/> Please issue an invoice |                  |                          | \$ _____<br>(payable upon return of items) |

**D. MISSING/DAMAGED ITEMS:**

Description of any items missing or damaged prior to rental:  
 \_\_\_\_\_

Renter's Initials: \_\_\_\_\_      GBFS Initials: \_\_\_\_\_

**E. DECLARATION OF RENTER:**

I, \_\_\_\_\_, certify that:

- The information contained on this form is true to the best of my knowledge.
- I have authority to bind the corporation.
- I agree to the charges as specified above and to the Equipment Rental terms and conditions on the reverse.

DATE \_\_\_\_\_      SIGNATURE \_\_\_\_\_

**OFFICE USE ONLY: PAID BY:**     Cash/Debit     Cheque     Credit card

Charges /Fees from Section C above:

RENTAL FEE: \$ \_\_\_\_\_    DATE PAID: \_\_\_\_\_

Subject to any changes noted on reverse due to damage/missing items observed upon return

**Contact us at:**

Georgian Bay Folk Society  
 PO Box 521, Owen Sound  
 N4K 5R1  
 Phone: (519) 371-2995  
 Email: [gbfs@bmts.com](mailto:gbfs@bmts.com)



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**F. EQUIPMENT RENTAL TERMS AND CONDITIONS:**

1. All special equipment available for rental must be reserved in advance through the Georgian Bay Folk Society office.
2. The minimum term for any rental is one (1) day, regardless of the length of time it is required.
3. Unless otherwise noted, the rental equipment is due to be returned at the end of the rental period recorded in Section A on the reverse, or on the next business day.
4. The Renter agrees to a pre-rental inspection of equipment, notated and initialed by the Renter and the GBFS.
5. The Renter agrees to a post-rental inspection of equipment, whereby any damage and/or missing items will be recorded by the GBFS and charged against the Renter at the discretion of the GBFS.
6. Late return of item(s) will be assessed at the daily rental rate, pro-rated on a daily basis, including weekends and holidays. Exceptions to this condition may be made at the sole discretion of the GBFS.
7. Payment of the Rental Fee will be made through the GBFS and may be in the form of cash, business cheque, debit card, VISA or Mastercard. No personal cheques will be accepted. GBFS office staff will issue a receipt for all transactions upon request.

**OFFICE USE ONLY:**

I have received the equipment recorded on the reverse and note the following:

- No damage or missing parts to report
- The following items to report:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Description of damage/missing item(s))

(Additional charge(s) assessed, if any)

The equipment was returned:

- On time
- Late by: \_\_\_\_\_  
 (# of days past due)

\_\_\_\_\_

(Additional charge(s) assessed, if any)

\_\_\_\_\_

Date Returned

\_\_\_\_\_

Signature of authorized Folk Society Rep.



