## Sointula Community Pavilion User Agreement



Contact Details	
Name:	Phone:
Business/Organization Name (if applicable):	
Email:	Malcolm Island resident:  Yes  No
Reservation Details	
Date:	Hours: fromto
One day event or multiple days?   One day   Mu	Itiple Days
Please list all requested days (if more than one day):	
Type of function:	Expected # of people:
Do you require access to chairs?	
Are you charging participants a fee to attend your event?	☐ Yes ☐ No
Will alcohol be served at your event?	
Signature of Applicant	Date

By signing this agreement I confirm that I have read and understand the terms and conditions as outlined in the "Sointula Community Pavilion User Responsibilities" on the website.