

GERALDTON CURLING CLUB
Box 790
Geraldton, ON P0T 1M0
807-854-1113 www.geraldtoncurlingclub.ca



Curling Club Rental Invoice

Organization Name: _____

Rental Date: _____ Date of Invoice: _____

Rental Fee Summary:

Lounge: 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 Equipment Use: yes no fee: **\$25.00** = _____

Charge for Wine: #..... bottles @ \$ ___ per bottle = _____

Charge for equipment damaged or lost: = _____

Charge for cleaning in excess of four hours: = _____

Less Booking Deposit of \$ ___ paid on _____ = _____

Total = _____

Please make **cheques** payable to **Geraldton Curling Club** & send to:

Geraldton Curling Club
P.O. Box 790
Geraldton, ON
P0T 1M0

Dan Flynn – Bookings Chairperson

THANK YOU!