



St Thomas Curling Club

Event Rental Application

38 Parkside Drive, St. Thomas, ON N5R 4H4 519-631-1770

League/Organization _____

Event _____

Date _____ Start Time _____ Finish Time _____

Name of Organizer _____ Phone _____

Address _____

Time club is to be opened _____

Number of Draws _____

Number of sheets per draw _____

Number of ends per game _____

Draw times _____

Time Bar is to be Opened _____

Number for meal _____ Time Served _____

Name of Caterer _____

Microphone Required ? _____

Score cards Required? _____

Special Requests _____

Date _____ Organizers Signature _____

PLEASE RETURN COMPLETED FORM TO

Dan Cater email rentals@stthomascurlingclub.com Phone 519 200 5533

Ice copy

☐

Bar copy

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Kitchen Copy

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Finance Copy

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