

ROOM RENTAL REQUEST FORM

DATE:

Contact Information							
First Name				Last Name			
Organization Name				Non profit status Yes No Reg # _____			
Address							
Postal Code				Phone number			
Email							
Event Information							
Event Name							
Event Description							
Date requested							
# of participants							
Start Time				am pm	Set up/clean up should be included in your start time/end time. Groups are responsible for returning tables/chairs to original location		
End Time				am pm			
Gym C \$51/hr	Gym D \$51/hr	Rink Mezz \$57/hr	CFEC \$57/hr	Mat Room \$19/hr	FAR \$19/hr	<input type="checkbox"/> RAR \$19/hr	<input type="checkbox"/> Cafeteria \$42-\$70
Is your event religious/political in nature?				Yes If yes, please explain: No			
Will your event be advertised, open for the public to attend or private invitation only?				Yes, my event will be advertised to the public No, my event will not be advertised to the public			
Will the media be present at your event?				Yes <input type="checkbox"/> No			
Will you be selling tickets/charge admission for your event?				Yes No			
Will you be selling alcohol at your event?				Yes <input type="checkbox"/> No			
Will you be serving food/beverage at your event?				Yes <input type="checkbox"/> No			
Will you be playing recorded/copyrighted music at your event? (Group are responsible for bringing own sound equipment - no equipment provided)				Yes, music only (no dancing) <input type="checkbox"/> No Yes, music and dancing Yes, live original music			