

ROOM RENTAL REQUEST FORM

Date:

Contact Information					
First Name		Last Name			
Organization Name		Non profit status: Yes No Reg # _____ Contact us with your Reg # for Non-profit rates to be applied.			
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.	
End Time		am ☐	pm ☐		
		Groups are responsible for returning tables/chairs to original location			
Gym C	☐ \$102	Gym D	☐ \$102	CFEC	☐ \$114
RAR	☐ \$38	Rink Mezz	☐ \$114	FAR	☐ \$38
Cafeteria	☐ \$75	All Weather Field	☐ \$270 (hourly) \$2100 (daily)	Oval Field	☐ \$270 (hourly) \$2100 (daily)
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 ☐ No			
Will you be selling tickets/charge admission for your event?		☐ Yes ☐ No			
Will you be selling alcohol at your event?		☐ Yes ☐ No			
Will you be serving food/beverage at your event?		☐ Yes ☐ 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) ☐ No ☐ Yes, music and dancing ☐ Yes, live original music			