

Rental Application for Single Event

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Application Date: Contact: Organization: Contact person: Address:____ Street City Province Postal Code Phone: Res. ______Bus. _____Cell E-mail Address: Is your group a registered non-profit organization? **Event Details:** RENTAL DATE:_______TIME: (from)_______(to) ______ Include ½ hour before and ½ hour after function Type of Function: ______Expected Attendance: _____ Room Preference:______ Kitchen Needs: _____ **Resources Requested Tables** Number **Sound Equipment Projection Equipment** Microphone Screen Rectangular ☐ TV with DVD /VCR ☐ Wireless Microphone Round Laptop Microphone Stand Overhead Projector Chairs CD / DVD LCD Projector Miscellaneous Flip Chart White Board Lectern Office Use Only: **Deposit Received** Plan# **Payment Received**