

Regular Facility Use Rental Application

4612 Varsity Drive NW Calgary, AB T3A 1V7

Phone: 403 288 0544 Fax: 403 288 8854

	Application Date:				
Contact:					
Contact Name:		Organization:_			
Addross					
Address:Street	City		Province	Postal Code	
Phone: Res.	Bus		Cell		
E-mail Address:					
Is your group a registered non-profit orga	nization? Yes	No			
Does your group or parent organization ca	arry General Liability Insuran	ice?			
Please give a brief description of your group and its purpose:					
Meeting Details:					
Meeting Day:	TIME: (from)		(to)		
		Include ½ hou	r before and ½ ho	our after function	
Beginning Date	Occurring Every		Until: _		
Cancelled Days (due to holidays, etc.)					
Type of Function:			Expected Attendance:		
Room Preference:	Preference:		Kitchen Needs:		
Resources Required					
Office Use Only:					
Deposit Received	Rate		Payment Receiv	ed	