

Rental Form / Queries

Date of Submission _____

Contact Information:

First Name _____

Last Name _____

Company/ Organization _____

Email _____

Phone Number: Home _____ Cell _____

Address _____

City _____ Postal Code _____

Rental Details

Type of Rental: Long Term _____ One Time _____

Duration _____

Dates Required _____

Times Required _____

For how many people _____

Use of Kitchen ____

Microphones wired _____ Unwired _____

Prep Time or rehearsals _____ When _____ Duration _____

Use of Sanctuary _____

of Table required _____ # of Chairs Required _____

You must provide proof of Insurance that our building is listed on your insurance prior to event

Please email to rentals@southwoodchurch.ca for follow up with you.