

Facility Rental Form

Group Information

Group Name

Contact Name *

First Name Last Name

Email

example@example.com

Phone Number

Please enter a valid phone number.

Please select one of the following categories:

Charity – CRA

Non-Profit (AB Companies Act)

Individual/Business

Charitable registration number:

Facility Requests

Requested Rental Date



Month Day Year

One-Time Use or Recurring Use:

Room Requested to Book:

Requested Room Layout:

Number of People in Attendance:

Equipment Requests:

- TV
- Keyboard
- Drum kit
- Mics
- Music stands

Tech Requests:

- Sound board
- Stage lighting

Laptop for display
HDMI for laptop
AV cords

Specialized Support Needed:

Sound tech scheduled
Hospitality team onsite
Host / checkin team onsite
Type option 4

Hospitality:

Coffee
Tea
Snacks

Office Use Only:

Request Received By:

Request Approved By:

Specific Terms Of Use: