



FACILITY REQUEST FORM

55 Harbord Street , Toronto, ON M5S 2W6

Client or

Name and Address (in full)

(Area) Fax

Ext.

First Name

Last Name

Title

E-mail

Website

(Area) Phone

Ext.

Use pull down list

If "other" type a description here

Note: We will notify you of facility availability for the date and times you check below. Please select the time periods that you might consider to maximize your choices. Building hours can be accessed by following the link below. After hours rentals may be possible for an additional cost. Re-occurring rentals are rarely available but will be considered.

http://www.ac-fpeh.com/athletic_centre/hoursinfo.php

Start Date	Finish Date	# of Sessions	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early Morning (7 AM-10 AM)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Time (10 AM-5 PM)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early Evening (5 PM-9 PM)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Late Evening (After 9 PM)

Facility and space (Use pull down or type name)

Rental Time Length

Amount of Space (e.g. #of lanes or courts)

Ideal

Second Choice

of Participants # of Spectators # of U of T Students

Microphone*

Scoreboard*

Shot Clocks*

Cordless Microphone*

Tables* # Required

A/V Equipment*

PA*

Portable Scoreboard*

Chairs # Required

Other

Setup

Warm up

Start

Finish

Leave By

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