

EVENT RENTAL APPLICATION

This form is for inquiry only- <u>information provided does</u> not secure a booking.

Please email completed form to: vic.spaces@utoronto.ca.

T: 416 585 4575

Organization:

Contact Name:

Title:	Telephone:
Address:	E-Mail:
Postal Code:	On Site Contact:
Registered Business/HST Number/Internal Account #:	
Event Details (This is mandatory for al events)	
Nature/Description of Event:	Name of Event:
Please provide a description of the event content:	
Does this event have Guest Speakers? If yes, provide inf	ormation:
Are there Sponsors/Partners supporting this event?	
Required Room Capacity/ Expected Number of Attendee	s:
Number of Room	
Required Rental Date(s):	
If requested date is unavailable, please provide up to tw	up alternate dates and times:
in requested date is unavailable, please provide up to tw	oo alternate dates and times.
E and Charletters	Event End Time:
Event Start Time:	event ena time:
Required Room Style:	

Do you require any AV support? Please select:
Do you Require Bar/Liquor Services?
Do you require Catering Services? If Yes, Please provide a brief description below: (please note: Victoria University does not allow external catering on premises)
Additional Comments:
Date Received:
Assigned Coordinator: (Internal Use Only):