

EVENT RENTAL APPLICATION

This form is for inquiry only-<u>information provided does not secure a booking.</u>
Please email completed form to: vic.spaces@utoronto.ca

T: 416 585 4575

Contact name:	Organization:	
Title	Telephone:	
Address:	E-Mail	
Postal code:	On site contact:	
Business/HST #:		

Event Details (This is mandatory for all events)

Nature/description of event:				
Name of event:				
Please provide a description of t	the ever	at contant	holowy	
Please provide a description of t	ine evei	nt content	below:	
Type of event: In person	Virt	ual I	Hybrid	
Will your event be open to			Are there	
University of Toronto students,			sponsors/partners	
staff and faculty?:			supporting this event?	
Required room capacity			Number of Rooms	
Required rental date(s):				
If requested date is				
unavailable, please provide up				
to two alternate dates and				
times:				
Timing of event: (Please				
include set-up time, start time,				
end time, and clean up time)				
• •				
Required room style:				
Do you require AV support?	Yes	No		
	162	140		
Do you require bar/liquor	Yes	No		
services?				

Will your event be advertised? Please explain where and what platform. Yes No		
COVID-19 REQUIREMENTS		
committed to providing space that	emic has changed how we meet and gather. Victoria University is at conforms to health, safety and capacity regulations set by our the University of Toronto. Your booking will need to conform to the the date of your event.	
_	ible for providing a full attendee list including names and contact prior to having access to your booked space. A designated person	
rom your organization will need access and only attendees on that		
from your organization will need access and only attendees on that names and phone numbers of att fyou cannot provide a represent security for you and will be charge	t list can be admitted. This designate is responsible for acquiring the	
from your organization will need access and only attendees on that names and phone numbers of att fyou cannot provide a represent security for you and will be charge	tendees of guests for contact tracing purposes. Tative to supervise the entry and exit of attendees, we will supply ed at your expense. For the purpose of contact tracing for all events,	

Date:

Date:

Manager Approval: