Academic + Campus Events

Facilities Request Form-External Organizations E-mail: campusevents@utoronto.ca

Fax: 416/978-4802

Contact/Organ	nization Address		•	
Reserving Orga	nization:			
			_	
			stal Code:	
Telephone:		E-mail:		
Event Details	NB: This is mandatory f	<mark>or all events</mark>)		
Date(s) Reques	ted:			-
Time(s) Reques	ted:			-
Rooms/Space r		tyle of room or specific Bui		
Title of Event:				-
				<u>-</u>
Speaker(s):				-
Video and/or F		•	appropriate permissions from the	- he owner
Open to the Pul	olic: Adr	mission to be charged:	Amount: \$	
Attendance Exp Food and bever		ur classrooms; please conto	act us for alternate options.	
	vertising? If so, please incl t event space detail canno		mation of space is received f	rom ACE.
By signing belo	w, the reserving organiza	tion agrees to the following	:	
(available at2. The reservir activity for v3. The reservir	http://www.ace.utoronto.c. ag organization acknowledge which the space is requested ag organization acknowledge	a/policy.html) ges that the information conta d. ges that the space requested h	edures for the Temporary Use nined herein is complete and re- terein is for the sole use of the	epresents the
4. The contact	information supplied above	ny other organization or indive may be provided to the pub formation is provided separa	lic in response to enquiries re	garding the
5. The reservir and all equip	g organization and contact	will be responsible for the ca	areful and proper use of the sp we all applicable laws and rule	
6. The Univers			ould a room become unavailab	le and to cancel
Signed:			Date:	