Academic + Campus Events 12 Queen's Park Crescent West

12 Queen's Park Crescent West 4th floor Toronto M5S 1S8 Fax: 416/978-4802

Facilities Request Form

Contact/Organization Address

E-mail: ace.team@utoronto.ca

Please PRINT, and fill out the form COMPLETELY

Contact Name:		
Reserving Organization:		
City & Postal Code		_
Telephone:	Fax:	
E-mail:		
	of room or specific Building and Room	
Description of Event (NB:	This is mandatory for all events)	
	_	
• , ,		
NB: the reser	rving organization is responsible for obtaining er for any public presentation of copyrighted	g appropriate permissions
Open to the Public:	Will Refreshments be served?	:
Attendance Expected:	Admission to be charged:	Amount: \$
Food and beverages are not	allowed in our classrooms; please cont	act us for alternate options.
 The reserving organization of University Facilities He or she is the person with the Division of St It is understood that Reactivities and that the st named herein and not st The contact will notify the booking of any car determined by Acaden 	act agrees to the following: ation agrees to abide by the Conditions and as (available upon request from Academic and named as the designated contact person in tudent Life (ULife). ecognised Campus Groups may not sponsor space requested above is for the sole use of for any other organisation. Academic and Campus Events at least three incellations. If space is not used by a Recognic and Campus Events, and the booking is e charged internal rates for the space.	ad Campus Events) the recognition notice filed non-university groups or the Recognised Campus Group the business days in advance of nised Campus Group, as
Signed:		Date