

# RENTAL INQUIRY

NAME OF GROUP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE # 604-\_\_\_\_\_ EMAIL: \_\_\_\_\_

ALTERNATIVE IN CASE OF EMERGENCY: \_\_\_\_\_

PHONE# 604-\_\_\_\_\_ EMAIL \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

# OF PEOPLE INVOLVED \_\_\_\_\_

EQUIPMENT NEEDED: \_\_\_\_\_

ROOMS REQUIRED: Gallery \_\_\_\_\_ Workroom \_\_\_\_\_ Foyer \_\_\_\_\_

DAY OF THE WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_

DAILY \_\_\_\_\_ WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_

DURATION OF THE ACTIVITY \_\_\_\_\_

USING THE KITCHEN: YES \_\_\_\_\_ NO \_\_\_\_\_

Contact Genevieve Cragg to confirm booking either by [email](#) or phone:  
604-809-5774