

FACILITY BOOKING INQUIRY FORM

Date Submitted:						
Submitted By:						
Group/Organization Name:						
Phone Number:						
Mailing Address:	City:		Postal Code:			
Email:						
Number of People:						
Purpose of Event:						
Requested Date:	First Choice:		Second Choice:			
Requested Time:	Start Time:		End Time:			
Requested Equipment:	Tables	Chairs	Whiteboard	TV	Projector	Wifi
Extra Set Up Time More than 30 Minutes? (additional fees may apply)	If yes, how long needed?					
Alcohol Served?	YES	NO				
Wheel Chair Accessibility Needed?	YES	NO				
Dancing and/or Music?	Will you be playing music?		YES	NO		
	Will people be dancing?		YES	NO		
Other Requests:						
Other:	<ul style="list-style-type: none">• Damage deposit may be required.• Liability insurance is required if not already on file.• GST is applicable.					

Thank you. Have a great day!

Please email completed form to: booking@squamish.ca