Strengthening the Oaklands community by providing programs, services andresources forits residents, businesses, and

OAKLANDS COMMUNITY ASSOCIATION RENTAL REQUEST FORM

PRIMARY CONTACT AND/OR ORGANIZATION				
Event is being held by:	Individual	Business/Organization	Today's Dat	te:
Contact Name			DOB (MM/DD/YYYY)	
Company/Organization (If applicable)				
Address				
Phone				
Email Address				
5)/51/5 11/50/51/4/51/01				
EVENT INFORMATION				
Event Type:				
Requested Date:		Requested Time (INCLUDE SETU	P & CLEANUP TIME):	
Alternate Date/Time (I	F ANY)			
Number of attendees:				
	OSC Room - 100 Max Occupancy			
Facility Requested:	Com Rec - 50 Max Occupancy			
	Full Centre - 150 Max Occupancy			
Will alcohol be served?	(LIQUOR LICENSE R	EQUIRED)		
Equipment requested:	Tables	Chairs Microphone	Bluetooth Sound Sy	ystem
Access Requested:	Kitchen (if renting OSC Room) Patio (if renting Com. Rec Room)			
Special Requests:				
For multiple dates (on-going rentals), please attach a separate sheet listing all dates and times.				
STATEMENT OF CERTIFICATION				
I certify that I have reviewed OCA's Rental Policies and Procedures and that the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false or misleading information is grounds for OCA to cancel or terminate my event reservation.				
	Date:			

Oaklands Community Association is a registered charity | BN 882929946RR0001