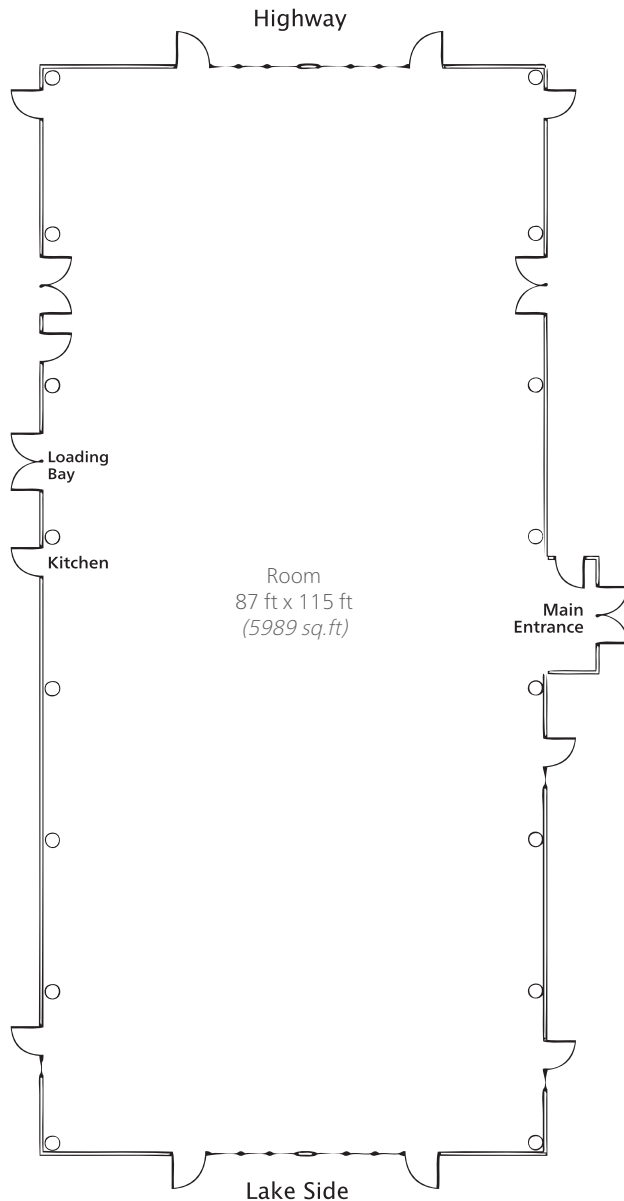


EVENT FORM



Learning Centre



Event Name: _____ Event Date: _____

Event Start Time: _____ Event End Time: _____

Load-In/Set-up Time: _____ Number of People: _____

Organization or Company: _____ ☐ C/TFN

Today's Date (D/M/Y): _____ ☐ Gov.

Rental Contact (person responsible): _____ ☐ Private

Address: _____ ☐ NGO

City: _____ Prov/Terr _____ Postal Code: _____

Email: _____ Phone: _____

Payment Method: ☐ Visa/Debit ☐ Cheques (made out to C/TFN Learning Centre)

What space would you like to use?

- ☐ Main Hall ☐ Board Rm#1 ☐ Clan Rm
☐ Kitchen ☐ Board Rm#2 ☐ Fire Pit
☐ Foyer ☐ Board Rm#3

AV Equipment :

- ☐ Mics (max 4) ☐ Mic Stand (x2)
☐ Flip Charts (max 4) ☐ Easels (max 2)
☐ Projector (sm. or lg.) ☐ Screen (sm. or lg.)
☐ Wireless Voucher ☐ Podium
☐ Laptop Computer

Equipment Needed

- Tables: ☐ Round 6ft ☐ Rect. 8ft
Linens: ☐ White ☐ Black ☐ Red
Table Curtains: ☐ Black ☐ White
Stage: ☐ 12x24 ☐ 16x20 ☐ 16x24

Kitchen: ☐ Require Caterer

Name of Caterer _____

☐ Breakfast ☐ Lunch ☐ Dinner

☐ Snack (morning/afternoon)

☐ Coffee/Tea Service ☐ Allergies