

Event Rental Application

Name:		<u> </u>
Organization/Business:		
Address:		
Telephone:		
Email:		
Event Description:		
Event Date (DD/MM/YYYY): _		
Expected # of Guests:	_	
Requested Area:		
Upper Hall Activity (Lower Hall Activity (Playground only Playground and Low Preferred Time Slots: Activity Center 9:00 – 1:00	Center	Playground 9:00 – 1:00
2:00 – 6:00		2:00 – 6:00 (1:30 – 5:30 Nov 1 st thru April 1 st
Will there be a Third Party Ve	ndor (Event professionals, ca	tering, entertainment activities etc.)?
Yes No		
Will alcohol be served or ava	ailable for purchase at this ev	vent?
Yes No		
All rental enquiries can	he directed to Samantha Clyke	at rentals@windreach hm or 238-2460 ext. 6

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