



CENTRAL YMCA COMMUNITY EVENTS & ROOM BOOKINGS FORM

Please fill in the following information, save the document on your computer, and then email it back to the Central YMCA Community Events Department as an attachment. You can navigate through the document by using the tab key. To select a box, double click on it. Then chose the “checked” option.

GENERAL INFORMATION			
Contact Name		Email	
Organization Name		Telephone	
Address			
City / Province		Postal Code	

EVENT INFORMATION			
Event Name <small>Also to be printed on directional signage</small>		# of Participants	
Event Date	<input type="checkbox"/> Auditorium <input type="checkbox"/> Grosvenor <input type="checkbox"/> Community <input type="checkbox"/> Glass Room <input type="checkbox"/> Other		
<i>Please consider your times carefully. Access to the room & YMCA staff support will not be available before your indicated Arrival Time. If you arrive early, you will be asked to wait in the lobby until your indicated Arrival Time. You will be billed starting from your Arrival Time an ending with your Rental End Time. Thank you.</i>			
Time 1: Your Arrival Time <small>The time you need access to the room for set up</small>		Time 2: Event Start Time <small>The official start time for your participants</small>	
Time 3: Event End Time <small>The official end time for your participants</small>		Time 4: Rental End Time <small>The time you will vacate the room</small>	
Seating Style	<input type="checkbox"/> Raised Theatre <input type="checkbox"/> Flat Theatre <input type="checkbox"/> Rounds of 6 <input type="checkbox"/> Rounds of 8 <input type="checkbox"/> Board Room		
Audio Visual Equipment	<input type="checkbox"/> LCD Projector <input type="checkbox"/> Sound for LCD Projector/Computer <input type="checkbox"/> Wireless Mic(s) #___ <input type="checkbox"/> Wireless Internet <input type="checkbox"/> Ability to play music from MP3 player/phone		
Extra Fee (\$) Equipment & Resources	<input type="checkbox"/> Flip Chart #___ <input type="checkbox"/> Staff Support # of hrs ___ <input type="checkbox"/> Teleconferencing Unit <input type="checkbox"/> LCD Projector & Screen (sm room) <input type="checkbox"/> Display Easel # ___ <input type="checkbox"/> After Hours # of hrs ___ <input type="checkbox"/> Extra Wireless Mic #___ <input type="checkbox"/> Portable Sound System (sm room)		
Other Resources	<input type="checkbox"/> Podium <input type="checkbox"/> Buffet Table #___ <input type="checkbox"/> Presenter Table #___ <input type="checkbox"/> Registration Table #___		

ADDITIONAL INFORMATION		
Will you be ordering catering? <input type="checkbox"/> Yes	Will you be using outside A/V? <input type="checkbox"/> Yes	Is your laptop a Mac? <input type="checkbox"/> Yes
Will you require deliveries drop offs? <input type="checkbox"/> Yes	Will you require overnight storage? <input type="checkbox"/> Yes	Any additional information?