

Ongwanada Facility Rentals Request Form

191 Portsmouth Avenue, Kingston, ON, K7M 8A6 • www.ongwanada.com
facilityrental@ongwanada.com • 613.548.4417 • Fax: 613.548.8135

Request Date: _____

Organization Name: _____

Organization Address: _____

Non-profit: Yes No If Yes, do you have a charity registration #? Yes No

If Yes, please provide charity registration #: _____

Contact Person Name: _____ Email: _____

Contact Person Telephone: _____ Alternate #: _____

Rental Details:

Rental Date: _____ Rental Time: _____

Other dates required: _____ Frequency: _____

Weekend Security required: Yes No (fee will be charged directly to renter by security company)

Reason for Rental: _____

of People Attending: _____

Room Requested (See online brochure for details):

Auditorium ___ Boardroom ___ Double Room ___

Professional ___

Seating Choice (For Auditorium) (See online brochure for details):

Theatre Style ___ Round Style ___ Classroom Style ___

U-Shaped Style ___ Hollow Square ___

Office Use Only:

Fees:

Room Fee: _____

Set-up Fee: _____

A/V Fee: _____

Special Set-up: _____

Total Cost: _____

A/V Equipment Requested:

Podium and microphone ___ Portable Screen ___ Flip-chart and markers ___

Extension cords ___ VCR/TV/DVD ___ A/V Cart with ext. cord ___

Small appliance being used? Y N CSA Approved? Y N

I have read the Facility Rental Terms and Conditions and Ongwanada's External Meeting Safety Sheet

Renter Name (Printed): _____

Renter signature: _____ Date: _____

Support Services Coordinator, Ongwanada, signature: _____

Date: _____

Ongwanada Use only: Distribute to: Maintenance, Housekeeping, Support Services, Renter