



Ongwanada Facility Rentals Request Form

191 Portsmouth Avenue, Kingston, ON, K7M 8A6 -- Email completed form to:
facilityrental@ongwanada.com* 613-548-4417 * Fax: 613-548-8135

Change of Meeting Request

Organization Name:

Organization Address:

Organization Billing Address: Contact Name:

Non-Profit: YES NO

If Yes, and you have a charity registration number please provide number

Contact Name:

Contact Email:

Contact Telephone # Alternate #

Office Use Only:	
Room Fee	
Set-up Fee	
A/V Fee	
Special Set-up	
Security Charges	
Total Cost	

Rental Details:

Rental Date Rental Time From: To:

Frequency: Day of the Week: Special Request:

Meeting Name: # of Attendees

Room Requested (See on-line brochure for details) Seating Choice (Auditorium only) (See on-line brochure for details)

A/V Equipment Requested: Small Appliance being used YES NO
CSA Approved YES NO

Renter Name: Date Requested:

I have read the Facility Rental Terms and Conditions; that has been posted on the Ongwanada website.

Support Services Coordinator, Ongwanada, Signature: _____

Once completed please email to facilityrental@ongwanada.com