

HALL RENTAL INQUIRY
customerservice.tuscany@shaw.ca

Today's Date: _____

APPOINTMENT REQUIRED TO FILL OUT CONTRACT

Email Address: _____

Name: _____
Last Name **First Name**

Address: _____

Phone Numbers: (____) _____

Number of Guests: _____

Room Requested: _____
(A, AB or AC, C or B, Studio, Gym)

Type of Function _____
(Rooms are assigned based on this information)

<p>Date Requested: _____</p> <p>Alternate Date: _____</p> <p>Time Requested: _____ (Must include set-up & take-down)</p> <p>Special Details: _____</p> <p>_____</p> <p>_____</p>
--