



HALL RENTAL INQUIRY

rentals@tuscanyclub.ca

Today's Date: _____

APPOINTMENT REQUIRED TO FILL OUT CONTRACT

Email Address: _____

Name: _____

Last Name

First Name

Address: _____

Phone Numbers: (____) _____

Number of Guests: _____ **Park Amenities Yes/No** _____

Room Requested: _____

(A, AB, AC, ABC, C/ B, Studio, Gym or Studio + Gym package)

Type of Function: _____

(Rooms are assigned based on this information)

Date Requested: _____

Alternate Date: _____

Time Requested: _____

(Must include set-up & take-down)

Special Details: _____

