EXPRESSIONS OF INTEREST
Form

CONTACT INFORMATION

Name of Group/Organization/Individual	
Organization Email:	Organization Phone Number:
Website Address (if applicable):	
Does Your Organization Have Insurance?: ◯ Yes ◯ No	
Contact Name:	Email:
Mailing Address:	Postal Code:
Home Phone:	Cell Phone:
Description of Activity Requested:	

FACILITY REQUIRED

Gymnasium:	◯ Full Gym	◯ Half Gym	◯ Full Gym with Divider
Multi-Purpose Room:	◯ Full Room	◯ 1/3 Section	◯ 2/3 Section
Kitchen Required:	◯ Yes ◯ No		

PROPOSED BOOKING DAYS/DATES

Are you hoping to book for a: ◯ one-off event ◯ short-term ◯ on-going (regular)			
How often does your group meet?	◯ N/A (for one –off events)	◯ Weekly (How many times per week_____)	◯ Monthly
	◯ Bi-Monthly	◯ Annually	◯ Other

Duration of Use:	◯ One Hour	◯ Two Hour	◯ One-Half Day	◯ Full Day

Preferred Time:	◯ Monday	◯ Tuesday	◯ Wednesday	◯ Thursday	◯ Friday	◯ Saturday	◯ Sunday

Time(s) must include set up and pack up: **From**   am/pm **To:**   am/pm
Are these Dates and Times Flexible: ◯ Yes ◯ No
How many people do you expect to attend?
Accessibility Required:
Please note there will be a user pay fee for the use of the facility. Please see pricing structure below (subject to change). Note: Pending the type of rental requests, agreements will be put in place with the Town of Torbay.