



## УКРАЇНСЬКЕ ТОВАРИСТВО ім. ІВАНА ФРАНКА



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## Non-Catered Event 2017 Rental Application Form

## **APPLICANT INFORMATION**

Date of Application:	Contact Name:
E-mail:	Group:
Address:	Postal Code:
Phone Number:	Cell Number:
BOOKING INFORMATION	
Day(s) of Week: Mon Tues Wed	Thurs Fri Sat Sun
Type of Booking: one day weekly monthly	
Start Date:	Start Time:
End Date:	End Time:
Type of Event: Meeting Social Other	
Estimated Attendance: # of Tables Requir	red: # of Chairs Required:
Please select a Method of Payment: Cash Cheque	
I HAVE RECEIVED A COPY OF THE TERMS AND CONDITIONS AND AGREE TO ABIDE BY THEM.	
Signature	