

FACILITY and EQUIPMENT REQUEST FORM:

Church of the Advent
Phone: 474-3031
Fax: 474-4097

510 Mount View Avenue
Victoria, BC V9B 2B1
email: office@colwoodanglican.ca

Date of Request: _____

Name of Group: _____

Address: _____ Postal Code: _____

Contact Person: _____
Please Print Clearly

Daytime Phone: _____ Office Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

REQUEST OF ROOM:

Room(s): _____

Equipment: _____

Used for: _____

Date of Event: _____ Actual Time of Event: _____

Required Time for Set-up: _____

Set-up required by COTA	Yes		No	
If 'yes' – setup plan overleaf?	Yes		No	
Clean-up required by COTA	Yes		No	
Key required	Yes		No	
If 'yes' - \$15 deposit submitted	Yes		No	