

<input type="checkbox"/> Community (Non-profit)	<input type="checkbox"/> Minor
<input type="checkbox"/> Commercial (Profit)	<input type="checkbox"/> Adult
Name of Person-in-Charge:	Organization Name:
Telephone (Residence):	Email:
Telephone (Cell):	Telephone (Business):
Address:	
(Street)	(Apt)
(City)	(Postal Code)

**Booking Information**

Facility Requested:
Date(s):
Time(s):
Purpose:
Expected Attendance:
Check Applicable Rental Details:
<input type="checkbox"/> Playing Music
<input type="checkbox"/> Serving or Selling Food
<input type="checkbox"/> Charging Admission
<input type="checkbox"/> Serving or Selling Alcohol
<input type="checkbox"/> Live Animals

 Set-up Requirements (please specify):

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Date:

Signature of Person-in-Charge:

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Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used by the City of Oshawa in determining the eligibility of the request. Questions about this collection and disclosure should be directed to the City of Oshawa's Freedom of Information and *Privacy* Co-ordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or (905) 436-3311.