

# Glasgow Square Rental Form

## RENTER INFORMATION

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First Name:

Last Name:

Company

Phone Number

Cell Phone Number :

E-mail

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## INVOICE INFORMATION

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Event Title

Event Date

Contact Person

Contact Number

E-mail

Alternate Contact

Contact Number

Event Description

Invoice Address

City:

Province

Postal Code:

# EVENT SPECIFICS

Room Required

Estimated # of  
Guests

Tables # required

Chairs # required

Risers

Setup Details

Technical  
Requirement

Projector  
Projector Screen  
Sound Equipment  
Laptop  
Sound Technician

Sound  
Equipment  
Details

Catering  
required?

Yes  
No  
Arranging our own

Catering  
Requirements

Bar Required

Yes  
No

Additional  
Details