The
University
Of
Toronto

REQUEST FOR AC FACILITY TIME

FACULTY OF PHYSICAL EDUCATION AND HEALTH, 55 Harbord Street, Toronto, Ont. M5S 2W6

STUDENT CAMPUS GROUP (SCG) NAME: _____

SCG TELEPHONE NUMBERS: (_____)_____(_____)_____
AREA CODE TELEPHONE# AREA CODE FAX #

PREFERRED DATES: _____

PREFERRED TIMES: _____

SET-UP/EQUIPMENT NEEDS: _____

_____

PREFERRED FACILITY/IES: _____

NUMBER OF PARTICIPANTS (including spectators and organizers): _____

LEAD CONTACT/ACTIVITY SUPERVISOR: _____
TELEPHONE#

PROGRAM DESCRIPTION: _____

_____

_____

REQUIRE STAFF WITH FIRST AID/CPR: **YES** **NO**

REFERENCES: _____

PREVIOUS EVENTS/ACTIVITIES HELD: _____

_____

OTHER RELEVANT INFORMATION: _____

_____

OFFICE USE ONLY

PHONE NUMBER: (416) 978-5825
FAX NUMBER: (416) 978-6978

Date Received: _____
Authorization: _____