

ATHLETIC CENTRE FACILITY REQUEST

Return to: **Paul Dutchak**
Facility Manager
Faculty of Physical Education and Health, University of Toronto
55 Harbord Street, Toronto, Ontario, M5S 2W6
Phone: (416) 978-0529 Fax: (416) 978-6978

Facility/Facilities Requested: _____

Activity: _____

Dates: _____

Starting Time: _____ **Length of Activity:** _____

Setup Needs - # of Hours: _____

Estimated Participants: _____ **Spectators: (Yes) / (No), If Yes #** _____

Name of Contracting Organization: _____

Mailing Address: _____

Phone #: _____ **Fax #:** _____

Principals in Contracting Organization: _____

Other Promoters Involved in Activity: (Name / Position / Phone #)

References: (Name / Position / Phone #)

Places of Previous Promotions: (Facility / Date / Attendance)

Signature: _____ **Date:** _____

Title: _____

Note: * Until this application is officially acted upon and a contract executed, there shall be no legal or binding commitment between the Faculty of Physical Education and Health and the facility applicant.