

Send completed form to parking	<u> igeventrentals@calgary.ca</u>
Date of Request:	
• •	

EVENT RENTAL REC	UEST FORM							
5								
Event Title:								
Event Date(s):								
vent Start Time*: Event End Time*:								
*Including set up and	take down.							
Billing/Contact Inform	mation							
Organization Name:								
Legal Name:				r·				
Contact Person Name				'	 tle:			
Phone #:								
Address:								
Preferred Payment M				one)	cheque (ma	iled)	in person¹	
Registered Charity:							•	
					per is:			
City of Calgary Festiva	-						no	
					-			
Event Venue								
Lot #:		Lot Add	ress:					
Lot Use:	parking		event staging	g	vendor bootl	hs	other	
If other, details include								
I am requesting to	use a portior	of the lot	and I have id	lentified t	his area on a m	nap in my e	mail.	
Event Specifics								
Have you hosted this			no yes	s, the date	e/location was:			
Brief Description:								
	yes							
If yes, details inclu								
	yes	n						
If yes, details inclu								
Materials or Equipme	_		yes		no			
If yes, the items in								
Number of people ex								
Who can attend the		it is ticket	ed it is o	pen to th	ie public	other:		
Any other details to s	hare?							

The personal information collected herein is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta, and will be used for the purpose of **Event Rentals**. Should you have questions about the use of your information, please contact ParkingFoip@calgary.ca.



¹ In person payment is only accepted at the Municipal Impound Lot (400- 39 Avenue SE).