



Send completed form to eventrentals@calgaryparking.com

Date of Request: _____

EVENT RENTAL REQUEST FORM

Event Title: _____

Event Date(s): _____

Event Start Time*: _____ Event End Time*: _____

*Including set up and take down.

Contact Information

Organization Name: _____

Legal Name: same as above other: _____

Contact Person Name: _____ Position: _____

Phone #: _____ Email: _____

Registered Charity/Non-Profit # (if applicable): _____

City of Calgary Festival and Events Subsidy Application # (if applicable): _____

Event Venue

Lot # or Location: _____

Lot Use: parking event staging vendor booths other

If other, details include: _____

Event Specifics

Brief Description: _____

Food or Drink: yes no

If yes, details include: _____

Alcohol: yes no

If yes, details include: _____

CPA Use

Event Accepted: yes no, reason: _____

Insurance Needed: \$2M \$5M other: _____

Liability Concerns: _____