



**CENTENNIAL COLLEGE STUDENT ASSOCIATION INC. (CCSAI)
EVENT INFORMATION FORM**

Mailing address - P.O. Box 631 Station A Toronto, ON M1K 5E9
 Street Address – 941 Progress Avenue Toronto. ON M1G3T8
 416-289-5000, Ext. 2659
 Fax: 416-289-5263
 Email: dneil@centennialcollege.ca

Event Host/Organizer Names	Regular and Emergency Contact Information:
	Email:
	Tel:
	Cell:
	Address:
	Email:
	Tel:
	Cell:
	Address:

Event Name:		Event Type:	
Event Date:	Event Start Time:	Event End Time:	
Set-up Date:	Set-up Start Time:	Set-up End Time:	
Tear down Dates:	Tear-down Start Time:	Tear-down End Time:	

Expected attendance:
Description of event:
Describe who is expected to attending this event:
How will guests be invited:

Event Location:	ATHLETIC & WELLNESS CENTRE		STUDENT CENTRE (Maximum Capacity 275 people)	
Required space(s) *Four hours minimum required All Prices are subject to change	Gyms* A, B, C (single \$90/hour)	YES NO	Main Events Hall* (\$120/hour)	YES NO
	Bleachers (468 max. seating capacity) (included with gym)	YES NO	West Lounge (\$100/hour)	YES NO
	Meeting Rooms A, B (single \$50/hour)	YES NO	Arcade (\$100/hour)	YES NO
	Change Rooms (included with gym)	YES NO	Board Room (\$30/hour)	YES NO
	Team Rooms (single \$30/hour)	YES NO	Food Service Area (\$125/hour)	YES NO
	Referee Rooms (single \$30/hour)	YES NO	Lower Level Lounge (\$100/hour)	YES NO
	Rock Wall (\$50/hour)	YES NO	Meeting Rooms 2, 3 & 4 (single \$30/hour)	YES NO

Food & Beverages required	Do you require food service?	YES NO
	Do you require alcohol service?	YES NO
	Will you be serving food at your function?	YES NO

Equipment:	ATHLETIC & WELLNESS CENTRE		STUDENT CENTRE	
Audio/Visual equipment required	LCD Projector (\$500)	YES NO	LCD Projector (\$500)	YES NO
	Overhead lighting (\$500)	YES NO	Overhead lighting (\$200)	YES NO
	Podium (\$125)	YES NO	Podium (\$125)	YES NO
	Microphone (\$75)	YES NO	Microphone (\$75)	YES NO
	DJ Equipment (\$200)	YES NO	DJ Equipment (\$200)	YES NO
Furniture required (if yes, specify how many)	Stage:	YES NO	Stage:	YES NO
	Tables:		Tables:	
	Chairs:		Chairs:	
	Benches:		Benches:	
	Flip charts:		Flip charts:	
	Other:		Other:	

Special Requests:	
Type of setup required	Theatre:
	Workshop:
	Boardroom:
	Other:

Entertainer Information	
Names:	Description of Act and Rating
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Event History (if you have hosted similar events, describe how they went and any security issues which arose.):
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Describe what you think your security needs are for this event:
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Describe any busing or parking services that are required for the event:
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Any specific information you feel may be useful:
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