



**Sunshine Coast Arts Centre
Rental Inquiry Form**

Date of Inquiry:	Person Taking Inquiry:
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<input type="checkbox"/> Gallery	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Music Studio	<input type="checkbox"/> Art Studio
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Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:

Event Details:	
Name of Event:	Number of People Expected:
Contact:	Event Contact (if different):
Email:	Phone Number:

Billing Information:		
Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Non Member: <input type="checkbox"/> Not interested <input type="checkbox"/> Will join (add to contract)		
<input type="checkbox"/> Liability Certificate		
Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Follow Up:	
Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date to be confirmed: _____	
<input type="checkbox"/> Contract emailed date: _____	

Additional Comments: