

## 1700 Mazo Cres., Mississauga, ON L5J IY8

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## APPLICATION FOR RENTAL ACCOMMODATION

| Organization                 | າ:          |   |             |                            |                |  |
|------------------------------|-------------|---|-------------|----------------------------|----------------|--|
| Name:                        |             |   |             |                            |                |  |
| Address:                     |             |   |             |                            |                |  |
| Phone:                       |             | Email:  |             |                            |                |  |
| Contact:                     |             |   |             |                            |                |  |
| Name:                        |             |   |             |                            |                |  |
| Address:                     |             |   |             |                            |                |  |
| Phone:                       | Email:      |   |             |                            |                |  |
| Is the Organization non-prof |             | ofit? Yes   | t? Yes No   |                            | Size of Group: |  |
| Space Requ                   | irements:   |   |             |                            |                |  |
| Location:                    | Clarkson Ca | ampus, 1700 Mazo (                                      | Cr. Lakesł  | nore Campus, 151           | Lakeshore Rd.  |  |
| Type of space                | required:   | Class Room  | Meeting Roo | Meeting Room Number Req'd: |                |  |
|                              |             | Sanctuary   | Chapel      | Auditorium                 | Kitchen        |  |
| Special Req                  | uirement:   |   |             |                            |                |  |
| Tables                       | Chairs      | Audio/Video   | Piano       | Other Musical Instruments  |                |  |
| Dates/Times                  | Required:   |   |             |                            |                |  |
| Which Mo                     | nths:       |   |             |                            |                |  |
| Days in the W                | /eek:       |   |             |                            |                |  |
| Hours in the                 | Day:        |   |             |                            |                |  |
| Other Information:           |             | NB: insurance may be required and setup fees may apply. |             |                            |                |  |