

RENTAL INFORMATION

FACULTY OF KINESIOLOGY AND PHYSICAL EDUCATION, 55 Harbord Street, Toronto, Ont. M5S 2W6

Name (in full)

Building Suite # Street # Street Name (Area) Phone Ext.

City Province/State/Region Country Postal Code (Area) Fax Ext.

Same as above

Building Suite # Street # Street Name (Area) Phone Ext.

City Province/State/Region Country Postal Code (Area) Fax Ext.

Role in Rental Same As Person in Role ... Title (Area) Phone Ext.

First Name Last Name E-mail

Role in Rental Same As Person in Role ... Title (Area) Phone Ext.

First Name Last Name E-mail

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First Name Last Name E-mail

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First Name Last Name E-mail

Role in Rental Same As Person in Role ... Title (Area) Phone Ext.

First Name Last Name E-mail

Note: You are required to include photocopies of current aquatic qualifications for Head Coach and all Assistant Coaches (e.g. NLS, First Aid, CPR, etc.).

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Please use the below space if more people need to be identified. This could occur if there are co-organizational leaders or when there is more on-site assistants. The role area must be used to state how the person is to be identified.

_____	_____	_____	_____	_____
Role in Rental	Same As Person in Role ...	Title	(Area) Phone	Ext.

First Name	Last Name	E-mail		

_____	_____	_____	_____	_____
Role in Rental	Same As Person in Role ...	Title	(Area) Phone	Ext.

First Name	Last Name	E-mail		

_____	_____	_____	_____	_____
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