

ROOFTOP EVENTS

Booking Request Form



Date of Event: _____ Event Time: _____

Type of Event: _____

Number of Attendees: _____

Max occupancy is 279

Will the event be catered? (check one) Yes No

Catering company information: _____

Equipment rental company information: _____

Will there be liquor served? (check one) Yes No

Insurance policy holder & policy number: _____

Minimum of 5 million dollars naming 2748355 Canada Inc. and 745 Thurlow Street Holdings Inc., QuadReal Property Group Limited Partnership, QuadReal Property Group G.P Inc., and their respective successors and assigns as additional insured

Is Security coverage needed? Yes No

Additional Information: _____

Company Name: _____

Requestor: _____

Submit completed form to: service@quadrealconnect.com