

Information Required When Considering New CALL Venues

Please return completed form to Operations@calgarylifelonglearners.ca

| | |
|---|--|
| Facility | |
| Address | |
| Type(s) of room Capacity/ies Cost(s) Damage Deposit | |
| WIFI /Speed AV Equipment provided Screen Extra Costs | |
| Parking Lot /# of stalls Street Parking Restrictions Transit Accessibility | |
| Set up- by whom? Clean up - bywhom? Extra Costs | |
| Kitchen and amenities Extra Costs | |
| Mobility access /lobby/coats | |
| Possibility of storage | |
| Weekday daytime availability Weekday evening availability | |
| Contact Name Position Telephone E mail Office days/hours | |

Info collected by _____ Phone/email _____

Date _____

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|----------|--|
| Comments | |
|----------|--|

Info collected by _____ Phone/email _____

Date _____