

APPLICATION FOR USE OF SPACE AT THE

RALPH THORNTON CENTRE

765 Queen St. E., Toronto, ON M4M 1H3 416-392-6810

info@ralphthornton.org http://ralphthornton.org

https://www.ralphthornton.org/use-our-space/our-spaces/ for information about the space available at RTC. You will also find useful information in https://www.ralphthornton.org/use-our-space, and https://www.ralphthornton.org/use-our-space/rates/.

NOTES:

- Complete this form to apply to use space in the Ralph Thornton Centre.
- This form is an application only and space will not be reserved until you have signed
 a Use of Space Agreement and paid all the fees for use of the space.
- Once RTC receives the form, staff will reply to you within [3] business days.
- If the space you've applied for isn't available at the time/date you've requested, you can ask staff to check other times/dates.

If you have any questions or would like help completing the form, please phone or drop into the Ralph Thornton Centre Reception during office hours. We'll be pleased to help!

HOW TO COMPLETE THIS FORM ONLINE:

- 1. DOWNLOAD THIS FORM AND SAVE IT
- 2. SAVE IT FREQUENTLY AS YOU COMPLETE IT
- 3. YOU CAN MAKE AMENDMENTS EVEN AFTER YOU'VE SAVED IT
- 4. ONCE IT'S COMPLETED, SAVE IT AGAIN
- 5. YOU CAN EITHER EMAIL IT TO info@ralphthornton.org OR FAX IT TO 416 392-0025 OR DROP IT IN TO RTC RECEPTION DURING OFFICE HOURS
- 6. IF YOU DROP IT OFF IN PERSON, STAFF MAY BE AVAILABLE TO HELP WITH THE NEXT STAGE OF YOUR APPLICATION

HOW TO COMPLETE THIS FORM BY HAND:

- 1. PRINT THE FORM
- 2. COMPLETE IT IN BLACK INK IN CAPITAL LETTERS
- 3. DELIVER IT TO RTC RECEPTION BY FAX OR MAIL, OR IN PERSON DURING OFFICE HOURS.
- 4. IF YOU DROP IT OFF IN PERSON, STAFF MAY BE AVAILABLE TO HELP WITH THE NEXT STAGE OF YOUR APPLICATION

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NAME(S) AND CO	NTACT DETAILS						
Name:		First	name:			Last name:	
Name of Organizat					•		
this if your booking is fo	r an organization						
Phone number	Phone number:		Alt. Ph	none number:		Email:	
and email:							
Contact Address:		Unit ‡	‡ and St	reet:			
or that of your organiza	tion.						
		City:					
		Provi	nce:			Postal co	de:
ALTERNATE CON							
· · · · · · · · · · · · · · · · · · ·		act per	rson we	can get in touc	h w	ith if you are	en't available and who
will also be present a	•	F					
Name of second c	ontact person:	First i	name:		Las	st name:	
	D/		A4 . 1			- 7	
Phone number	Phone number:		Alt. ph	one number:	Em	nail:	
and email:							
1. TYPE OF EVEN	T						
Type of event(s):	Leisure or re	croati	onal n	rogram			
Check all boxes that				Togram			
describe your event	Educational			00 1-)			
	Small meetin	-					
	Large meetin	<u> </u>	re tha	n 20 people)			
	Celebration/p	arty					
	Other						
If you checked "ot	her" please desc	ribe y	our				
event here:							
M/h a a a a a a t a a a l t la						Chook ony h	avec that apply
Who can attend th	e event(s)?			Anyon		Check any b	oxes that apply
Daamla vulsa livu		-61	laaall	Anyon			
People wno live	e, work or go to s			y to the Centrated			
Mem	يعور bers of the orgai						
IVICII				gister to atten			
	rec	hie w					
			INVIT	ed guests on	-		
			Г	Othe	er		
If you checked "ot details:	ner", please give	furth	er				

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2. SPACE F	REQUIRE	D									
			•			_				le Space and Equip	
	and the Schedule of Fees										

Yes – I want to bring the following equipment: Insert details of any equipment you plan to bring and use before, during or after your event. Examples: electrical or electronic equipment that will need connecting; decorations; extra furniture.

Chafing Dish

Table Cloths

Coffee Urn

Teaspoons

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5. REGISTRATION OR OTHER CH	HARGE	S							
Will there be an entry or registration	on fee	?	Yes			No	No		
Check one box only									
Will people attending the event be	asked	d to							
pay for anything else? Check one bo									
If "yes", describe what they will be	•	d to pa	y for: Click						
on the shaded area to insert a description o	f what p	eople wi	ll be asked to	•					
pay for	pay for								
6. SERVING OF ALCHOHOL									
NOTES: If you intend to serve alcohol yo	ou may	need to	plan well ir	<mark>advan</mark>	ice to e	ensure yo	ou me	et a	ıll RTC's
requirements. See [details] for details.							1		
Do you intend to serve alcohol at	the ev	ent? Cl	<mark>heck one box</mark>	only	Yes		No		
7. NUMBER OF BOOKINGS									
				Check	one bo	x only			
I just want to book an event on on	e day:				→ GO TO SECTION 8.				
	•								
I want to make bookings for sever	al date	es:			→ G	O TO SE	CTION	I 10.	•
Select this option only if you are planning a									
Examples: a yoga class once a month; a re	gular me	eting of	a social						
group.									
8. → I JUST WANT TO BOOK AN	EVEN.	T ON C	NE DAY						
NOTES: You can book space for a minim				must s	tart an	d and or	the h	20111	r or half-
hour.	iuiii oi c	Jile Hou	i. Dookiiigs	iiiust s	tartar	iu enu oi	i tile i	ioui	Of Hall-
I want to book time on this date:	Day of	the wee	ık	Month Da			te	Year	
I want to book time on this date.	2 4 7 6 7			131011					
The event will begin at:	Time -	Example	e: 9:00, 12:30	Che	ck a.m.	or p.m.			
				a.m	۱.		p.	m.	
-	Time		4.00 40.0						
The event will end at:	Time -	Example	e: 4:00, 12:30		Check a.m. or p.m. a.m. p.m.				
				a.ii	1.		ρ.		
NOTES: If you have applied to use the K	itchen,	you ma	y want to u	se it be	fore a	nd after v	you n	eed	the other
room(s) you apply for.	,	-	-			•	•		
I will need access to the Kitchen to			Example: 9:0	00, 12:3	80	Check a.	m. or	p.m.	
prepare for the event at:						a.m.		p.ı	m.
• •		T '	Fugural C	20 42 2		Oh '			
I will need time after the event to		Time -	Example: 9:0	10, 12:3	SU		ck a.m. or p.m.		
and tidy the <u>Kitchen</u> . Everyone wi	II					a.m.		p.	III.
have left the kitchen by:									

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NOTES: Will you need time in the Auditorium, Activity Room or Basement before the event starts in order							
to prepare for the event? Will you need time afterwards to tidy up and leave the room ready for the next							
user? The Centre does not set up furniture for space users.							
I will need access to set up for the event at:	Time - Example: 9:00, 12:30	Check a.m. or p.m.		Enter the name(s) of the room(s) you will need access to before the event			
ap is the state at		a.m.	p.m.				
I'll need time to tidy up, but everyone will have left	Time - Example: 4:00, 12:30	Check a.m. or p.m.		Enter the name(s) of the room(s) you will need access to after the event			
the room(s) by:		a.m.	p.m.				
		•	•				

9. IF MY FIRST CHOICE OF DATE ISN'T AVAILABLE THIS IS MY SECOND CHOICE:							
	Day of the week	Month	Date	Year			
***** <u>NOW GO TO SECTION 11</u> *****							

10. → I WANT TO MAKE BOOKINGS FOR SEVERAL DATES								
NOTES: You can book space for a minimum of one hour. Bookings must start and end on the hour or half-								
hour. You can book repeat events for a maximum period of twelve months.								
This event will take place: Check	Every day		Once a montl	า				
one box only	Once a week		Other					
If you checked "other", please give	further							
details: Click on the shaded area to insert the days on which this event will take place. Examples: Mon & Thurs each week; 2 nd and 4 th Wednesday of month								
The <u>first date</u> I want to book time	Day of the week	Month		Date	Year			
for is:								
The <u>final date</u> I want to book time	Day of the week	Month		Date	Year			
for is:								
The event will always begin at:	Time - Example: 9:00,	12:30	Check a.m. or p.i	n.				
			a.m.	p.m.				
The event will always end at:	Time - Example: 4:00,	12:30	Check a.m. or p.i	n.				
			a.m.	p.m.				

NOTES : If you have applied to use the Kitchen , you may want to use it before and after you need the other							
room(s) you apply for.							
I will need access to the Kitchen to	Time - Example: 9:00, 12:30	Check a.m. or	or p.m.				
prepare for the event at:		a.m.	p.m.				
I will need time after the event to clean	Time - Example: 9:00, 12:30	Check a.m. or p.m.					
and tidy the <u>Kitchen</u> . Everyone will		a.m.	p.m.				
have left the kitchen by:							

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NOTES: Will you need time in the Auditorium, Activity Room or Common Room before the event starts in							
order to prepare for the event? Will you need time afterwards to tidy up and leave the room ready for the							
next user? The Centre does not set up furniture for space users. You can get details of available furniture							
and equipment from [link]							
I will need access to set up for the event at:	Time - Example: 9:00, 12:30	Check a.m. or p.m.		Enter the name(s) of the room(s) you will need access to before the event			
ap ioi and overtean		a.m.	p.m.				
I'll need time to tidy up, but everyone will have left	Time - Example: 4:00, 12:30	Check a.m. or p.m.		Enter the name(s) of the room(s) you will need access to after the event			
the room(s) by:		a.m.	p.m.				
		•					

11.IF MY FIRST CHOICE OF DATES ISN'T AVAILABLE THIS IS MY SECOND CHOICE:							
The first date I want to	Day of the week	Month	Date	Year			
book time for is:							
The final date I want to	Day of the week	Month	Date	Year			
book time for is:							

11. I WANT TO BOOK THE BETSY SWIFT COMMUNITY KITCHEN							
Only complete this section if you want to book the Kitchen.							
NOTES: There various categories of use for the Kitchen. These are described in full in the [policy] and [User							
Guide]. Fees vary with the type of use. A deposit is charged for all use of the kitchen.							
Have you or your organization used the kitchen before	e?	N.					
	Yes	No					
If "yes" please give the approximate date: example - Mai	1 1						
Please describe how you will use the kitchen:	·						
Examples:							
 Prepare or store refreshments such as coffee/tea/cookies 							
 Prepare cold refreshments such as a buffet lunch 							
- Cook and eat food							
 Cook food for eating elsewhere 							
- Demonstrate/teach a cooking class							

THANK YOU FOR COMPLETING THIS FORM
SEE PAGE 1 FOR INFORMATION ON HOW TO SUBMIT IT.

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