

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 CONTACT 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			Email:		
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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0.00100		-											
2. SPACE F			not opposite sur	اطمانه	- h	h:~	i+ !-	from the	o list of D	امادها	olo Connen and Farr	innasat	
			•			_					ole Space and Equ /07/2016-Fee-Sch	•	
Simplified.pdf		ees <u>III</u>	LLD.// www.rai	JIILIIO	iiitoii.	org/	vvp	-content	./ upitaus/	2013	<u>/07/2010-1 ee-3ci</u>	iedule-	
		spac	ce(s) I've che	ecked	d belo	w:							
Riverdale Auditorium: Check one box only Full auditorium													
									One section only				
									Tv	Two sections only			
Jim Housto	n Comr	nunit	tv Room:						Re	quir	ed		
Betsy Swift									Re	quir	ed		
Community									Re	quir	ed		
Mezzanine		<u>-</u>							Re	quir	ed		
Foundation	Room:								Re	quir	ed		
									•				
3. ROOM S		or of	f naanla atta	ndin	OI Cot	415				l			
			f people atte enter a range –						people				
Planned roc			<u> </u>		<u> </u>		,,	/		ı			
Lecture:			Seminar:			Ме	etii	ng:		Classroom:			
Social:			Exercise:			No	ne:	l I		Other:			
If you check	red "ot	her",	please give	furth	er de	tail	s:						
I'd like to bo	ook the	follo	wing <u>furnitu</u>	re: Ir	nsert a i	num	ber	for each o	option. Inse	ert the	number of items yo	ou want.	
Chairs			Tables: 3ft	x6ft					5 ft. Round Tables (2nd				
									floor ONLY)				
Yes – I'd lik	e to bo	ok th	e following	equip	ment	: Ins	sert	Y or N					
Laptop		Proj	ector:		PA:	Mic	& sp	peakers		Pi	ano: 2nd floor		
			not supplied)		- 2 nd	floor	r onl	y		on			
Flip chart st Insert '0' or #	and:				char rt '0' or					P	odium		
							<u> </u>						
4. ADDITIO	NAL A	MENI	TIES							_			
Small Glasse	es (6 oz.)	Large Glas	ses (12 oz.))		Coffee	Mugs		Wine Glasses		
Dinner Plates			Side Plates	3				Bowls			Water Pitchers	5	
Dinner Forks	3		Dessert Fo	rks				Dinner	Knives		Soup Spoons		
Teaspoons			Coffee Urn					Chafin	q Dish		Table Cloths	oths	

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.

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5. REGISTRATION OR OTHER CH	HARGE	S							
Will there be an entry or registration	on fee	?	Yes		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									
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:			→ GO TO SECTION 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 Date			te	Year	
I want to book time on this date.	2 4 7 6 7			13101					
The event will begin at:	Time -	Example	e: 9:00, 12:30	Che	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: 9:00, 12:30 Check a.m. or p.			p.m.			
prepare for the event at:						a.m.		p.m.	
• •		T '	Fugural C	20 42 2		Oh '			
I will need time after the event to		Time -	Example: 9:0	10, 12:3	SU		eck 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	r 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	rch 2009	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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