



GALLERY RENTAL - APPLICATION FORM

Lakeshore Arts will review your rental request and be in touch with any follow up questions. If your proposal is approved, a letter of agreement will be sent to you. Questions can be directed to operations@lakeshorearts.ca or 416-201-7093.

CONTACT INFORMATION

First Name: _____

Last Name: _____

Organization: _____

Mailing Address: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Website/Link: _____

SPACE RESERVATION

My booking is being made as an:

- Lakeshore Arts member Nonprofit Organization Private Sector Organization

Date(s) of rental: _____

Start and end times: _____

How often will the space be needed:

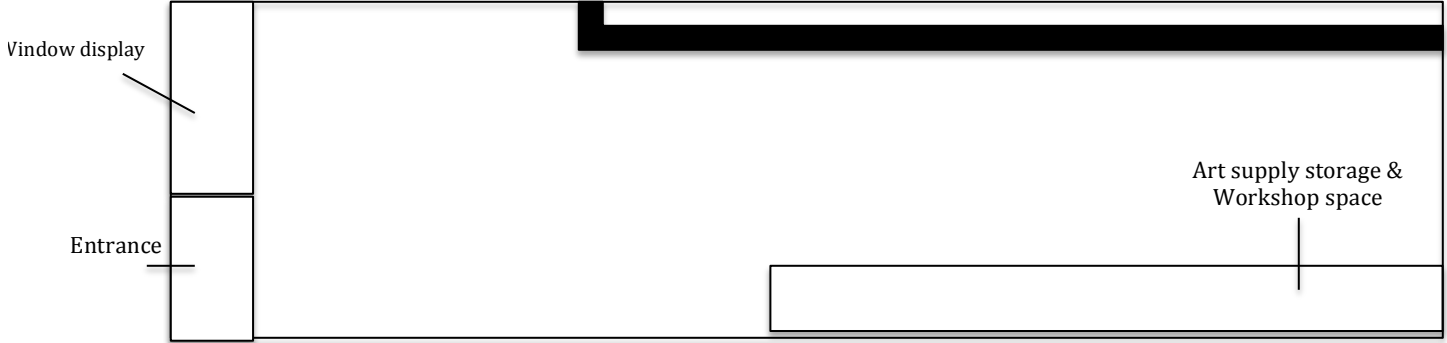
- Once Weekly Bi-weekly Monthly Other: _____

SERVICES REQUIRED

- Use of laptop Use of digital projector Coffee & tea service
 Use of speakers Marketing & Promotion Supplies & material storage
 Art supplies (please specify):

Please include a diagram of how the space will be laid out (if applicable):

of tables needed: _____ # of chairs needed: _____



PROGRAM PROPOSAL

1. *ARTIST BIO: Please briefly outline your professional experience as a program facilitator.*

2. *PROGRAM: Please briefly outline your proposed program and how it relates to Lakeshore Arts' mandate to connect neighborhoods and communities through arts activity. Please feel free to attach any supporting links or documents.*

Expected number of participants: _____

Is there a cost associated with participating in your program:

- Free Recommended donation of \$ _____ Cost per participant: \$ _____