



Rental Request Form

Masonville Place Community Booth

Group/Organization's Name:
Contact Name:
Contact Phone #:
Contact Fax #:
Contact email address:
Date(s) Requested:
2 nd Option:
Full Mailing Address:
Charitable Registration #:
Are you having a raffle? If so, permit #: _____ and we will require a copy of the permit.
What person's name will be on the contract?
What will take place in the booth during your use? Please read the Rules & Regulations

Please Note: The booth is to be staffed during mall hours, Mon. to Sat. 10am to 9pm, Sundays 12noon to 5pm. These hours will change for the holiday season.

Please complete and email back to: Laurie.Collins@CadillacFairview.com or fax to (519) 660-3610