Capilano University Squamish

Event Inquiry Form

General Information

First Name *	
Last Name *	
Group / Organization Name *	
Is your organization a not-for-profit? *	◯ Yes ◯ No
Email *	
Street Number & Name *	
City *	
Province *	
Postal Code *	
Contact Phone Number *	

Main Point of Contact Moving Forward (if different from above contact)

Name	
Phone Number	
Email	

If applicable, please provide the name and email of anyone else to be copied on correspondence

Name	
Email	

Booking Information

Type of Room * *Please note, a Certificate of Insurance is required for all rentals*	☐ Classroom ☐ Boardroom ☐ Breakout Room ☐ MPR (Multi-Purpose Room) ☐ Library 2nd Floor ☐ Library 3rd Floor ☐ Outdoor Spaces ***Recreation Facility*** ☐ Gym ☐ Artifical Turf Field
Do you require audio visual equipment? *	◯ Yes ◯ No
Description of Use *	
Expected Number of Attendees *	
Booking Frequency *	◯ Single day ◯ Multiple days *(e.g. Conference from Monday–Wednesday)* ◯ Recurring *(e.g. every Tuesday for 4 weeks)*
Dates Required (start and end times) *	
Do you require accommodations at The Lodges? *	◯ Yes ◯ No

Questionnaire

Will you be bringing entertainment? *	◯ Yes ◯ No
Do you require Food & Beverage services? *	◯ Yes ◯ No CapU's on-site provider, Routes Eatery is managed by Whistler Cooks and manages all catering requests.
Meal Details (if applicable)	*If **yes,** please specify which meals are needed for each day (e.g., "Day 1: Lunch, Dinner").*
Will you be serving or consuming liquor? *	◯ Yes ◯ No *If **yes**, CapU's prior approval is required, and you must provide proof of compliance with all legal requirements.*
Is your activity a program involving minors? *	◯ Yes ◯ No
How did you hear about us?	◯ Word of Mouth / Referral ◯ Social Media ◯ Online Search ◯ Poster, Flyer, or Campus Signage ◯ Mountain FM Radio Ad ◯ Other: