Victoria Square Shopping Centre

'Non-Profit' Booking Information

Mountwater Capital

Contact Person:
Phone (Home)**:**
Phone (Work)**:**
Email:

Organization Name:
Street Address:
City:
Province:
Postal Code:

Describe what you wish to do (Sell/Promote/Display/Advertise, etc):

Booking Date(s) Requested:

Charitable Registration Number:

Please check any applicable boxes

Do you require the Community Kiosk **YES** ☐ **NO** ☐

Do you require a table? **YES** ☐ **NO** ☐

Number of **additional** table(s) required:

Is there a vehicle entering the Mall? **YES** ☐ **NO** ☐

Do you require power? **YES** ☐ **NO** ☐

Do you have liability insurance? **YES** ☐ **NO** ☐

(at least $5,000,000 coverage)

NOTE: "Artis Victoria Square Ltd." and **"AX Property Management LP"** must be added as additional insured on your policy

PLEASE RETURN THIS BOOKING FORM TO THE
VICTORIA SQUARE SHOPPING CENTRE ADMINISTRATION OFFICE

2223 Victoria Avenue E. | PH: 306-789-1999 | EM: marketing@vicsquare.ca