



**MUSEUM OF ONTARIO
ARCHAEOLOGY**

BOOKING FORM

1600 Attawandaron Road
London, ON N6G 3M6
519-473-1360 ph
519-473-1363 fx
519-933-2796 Event Coordinator
www.uwo.ca/museum

Organization _____		
Representative _____		
Address _____		Postal Code _____
Phone: Day: _____	Evening: _____	Cell: _____
Fax: _____	Email: _____	

Brief Description of Event:

Area Booked: _____

Dates and times (including set up and take down)

Set Up Dates	From	To	Estimated Fee
Event Date	From	To	
Take Down Date	From	To	
		Total Estimated Fee:	

Signature of User _____

Date _____

Damage Deposit Rec'd	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<hr/>
50% Deposit Fee Rec'd	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<hr/>
Damage Deposit Ret'nd	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<hr/>
Contract Received & signed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<hr/>
Final Payment Received	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<hr/>