



Table Booking Request at Sunnycrest Mall

Today's Date: _____

Organization Name: _____

Contact Person: _____

Contact Phone number: _____

Email: _____

Description – *Please describe what you are planning to do/sell/offer:*

Requested date(s): _____

Requested time(s): _____

Total day(s): _____

Fees for table rentals/spaces are **NON-REFUNDABLE**:

Non-profit organization: \$15 per table/per day X _____ days = \$ _____

For profit organization: \$70 per table/per day X _____ days = \$ _____

*** Please make cheque payable to: **Sunnycrest Management**

Payment must be received by Mall Management, 5 days before the scheduled date, otherwise your request may be forfeited to the next organization in line.

Should you cancel your booking, the fee is **non-refundable**.

A confirmation of your request will be sent to you once payment has been received.

Office Use:	
Payment received on:	
Amount received:	
Proposed location:	
Confirmation by:	