



1562, Van Horne Ave
 Montreal, Quebec H2V 1L5
 Tel: 514-277-5695 Fax: 514-277-5679
 www.toptentinc.com

RESERVATION FORM

Contract #

EVENT

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CLIENT

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CONTACT

Name	
Phone	
Cell	
Fax	

ADDRESS

Please fax or email us a map to get to the event location

Client (Invoicing)	Event Location

ON-SITE CONTACTS

1 -	Cell
2 -	Cell

EVENT DATES

From _____ To _____

INSTALLATION

Date _____ Time _____

TEAR-DOWN

Date _____ Time _____

TERRAIN TYPE

Grass Gravel Sand Asphalt Cement Other _____

LEVEL – INCLINATION

± 1" ± 2" ± 3" Bumpy Terrain Hill inclination at _____

CONSTRAINTS

Access to the site for a truck and trailer (max. 9,000 lbs) Yes No

Possible anchoring Yes No

Anchoring depth 12 inches 24 inches 36 inches No more than _____ inches

Underground cables or pipes Yes No

Event site empty for installation and tear-down Yes No

FLOOR AND HEATING

Flooring required Yes No Heating required Yes No

COMMENTS

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CONTACT SIGNATURE

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RESERVED TO TOPTENT

Contract to be signed on site
 Payment to be collected on site

Yes No
 Yes No