

REQUEST FOR USE

TODAY'S DATE: _____

APPLICATIONS REQUIRE 14 DAYS FOR APPROVAL PRIOR TO THE RENTAL DATE REQUESTED

USER INFORMATION

ORGANIZATION: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE: _____

EMAIL: _____

SCHOOL & SPACE REQUESTED

1st CHOICE of School: _____

2nd CHOICE of School: _____

☐ Ball Diamond ☐ Field ☐ Gym ☐ Library ☐ Multi-Purpose ☐ Other: _____

PURPOSE & DATE OF REQUEST

PURPOSE of RENTAL: _____

OF PARTICIPANTS: _____

AGE GROUP: ☐ Youth 18 & under ☐ Adult (19 years of age and older)

EQUIPMENT REQUESTED: ☐ Tables x _____ qty ☐ Chairs x _____ qty FOOD/BEVERAGES PRESENT: ☐ Yes ☐ No

DAY/S REQUESTED: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

DATE REQUESTED: _____

TO _____

TIME REQUESTED: _____

TO _____

Food/Beverages served please provide refundable account #

ADDITIONAL INFO: _____

SEND FORM TO: emcsprograms@sd62.bc.ca

Signature _____

OFFICE USE ONLY: ☐ Approved ☐ Denied

Date: _____ Signature: _____