



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

OFFICE USE ONLY: Approved Denied

Signature _____

Date: _____ Signature: _____