Email: info@sd27.bc.ca 350 Second Avenue N Williams Lake, BC V2G 1Z9

APPLICATION FOR USE OR RENTAL OF SCHOOL FACILITIES & PLAYING FIELDS

All applications must be received one calendar month prior to rental start date. <u>Incomplete applications will not be considered.</u>

Complete one application per location.

PLEASE NOTE: Dates <u>EXCLUDE</u> all days that students are not in session and any school sponsored functions, unless notified otherwise. Requests for any variance must be in writing under separate cover to the Secretary-Treasurer.

Applicant Information: PLEA					ASE PR	ASE PRINT					Phone Numbers						
Invoice Name of Organization	Invoice	Applicant Name				Event Supervisor					Applicant			Supervisor			
										D	ау						
Invoice Mailing Address (incl	ude Postal Cod	de)			e-ma	ail add	ress o	r Fax	numbe	r F	ve						
,										ell			-				
Select Group Classification:											EII						
☐ SD27 Use (circle one): ☐ Joint/Community Use ☐ Non-Profit Group ☐ Commercial or Private U		ol / Empl	oyee As	ssoc.	/ Unio	on / F	PAC / I	OPAC		(_	licy 73	n Use/A 30 and <i>i</i>				
	Proof of Liabil	lity Insura	nce \$2,0	0,000	00 (Re	quire	d for A	II Gro	ups ex	cludi	ng SD2	27 Use	 e)				
Event Information		•			`	•			•								
Description of Event						l and	or Dri	nk se	rved?		ES [7 N	10				
200. p. 101 of Etc.it														e Boa	rd Pol	icv	
						Alcohol served? * additional permission required see Board Policy Number of persons expected:											
Start Date mm/dd/yyyy				Mon		Tue Wed			Thu		Fri		Sat		Sun		
Start Date mm/dd/yyyy	Note: Include time for set	Start	IVIO	'	Tue		wea		Inu		Fri		Jai		Juli		
	up/take down	Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
End Date mm/dd/yyyy	and arrival/	End											·	-			
	departure.	Time	AM	PM	AM	РМ	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
Requested Facility Informat	ion																
Name of School/Facility									Comm	nents:							
Space Requested Field	Classroom	Gym [Othe	er (spe	ecify)												
Type of Equipment Requested (Equipment such has balls, hockey sticks, etc. are not available. Fees may apply) No. of Chairs Required Other Equipment and the state of the st						ment	(incluc	ling n	ets etc.	.)							
I have read the foregoing and o rental function described above acknowledge my booking will r	e will be conduc	ted in acco	rdance w	vith su	ıch. İ ag		-								it the		
Authorized Signature of Applicant						Date dropped off at the address listed above. For the convenience of those											
														nieno	e of th	hose	
living outside of the Williams					nistrati	ion Fe	e may	be dr	opped	off at	t the sc	hool j	facility.				
To be Completed by Rece	iving Principa	al or vice	-Princip	oai													
Signature of Principal/Vice-Principal						Secretary-Treasurer or Booking Clerk											
Date:						ate:							_				

TO BE COMPLETED BY BOOKING CLERK

FEE ASSESSMENT: As Per Approved Fee Schedule

Booking is not confirmed nor is Contract valid until assessed fees are paid.

Rental Group Name:	Qty	Rate	Total	GST	Grand Total		
Room/School:							
Field/School		No charge					
Regular Custodial Fee (4hr. minimum) ~ additional fees may be charged if extra cleaning is required after the event.		\$61.75/hr.					
Key Deposit ~ In some circumstances a key may be distributed to a community group.		\$100.00					
Equipment							
Table Rental		\$5.00 each					
• Chair Rental (applicable when more than 30 are requested)		\$0.25 each					
Delivery Charge – Local		\$100.00					
Delivery Charge – Out of Town		\$150.00					
Nets		\$3.00/set/day					
 Other equipment at the discretion of the principal as per fee schedule in administrative procedure 							
Security Deposit		\$200.00					
- Security Deposit	<u> </u>	γ=00.00	GRANI	D TOTAL	\$		
By signing below, I acknowledge I have read the foregoing and hereby to all terms and fees in relation to this rental booking described in the booking application. I acknowledge that the booking will not be confi							
until the assessed fees are paid. Upon request, applicants must show copy of this form to school staff person.		event.			requested for this		
		event. Signature of Princi	oal or Vice-	Principal	Date		
copy of this form to school staff person.	their		oal or Vice-	Principal \$ Rece	Date		
Copy of this form to school staff person. Authorized Signature of Renter	their	Signature of Princi	oal or Vice- Contract F	\$ Rece	Date		