

# SD42 COMMUNITY RENTALS FORM

DATE:

## CONTACT INFORMATION

<input type="text"/>		<input type="text"/>	
Organization (or group) name		Non-profit organization number (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Province	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Representative	Phone number	Email	

## FACILITIES REQUEST INFORMATION

Facility request(s). Please list all desired facilities in order of preference (e.g. Thomas Haney Secondary, Albion Elementary):

1	<input type="text"/>	3	<input type="text"/>
2	<input type="text"/>	4	<input type="text"/>

Facility type (e.g. gymnasium, classroom, etc.):

## ADDITIONAL INFORMATION

Please specify the purpose of the rental (e.g. meeting, party, soccer practice, etc.):

### REQUESTED DATES AND EVENT DETAILS

Start date:  End date:  Start time:  End time:  Day of the week:

Number of participants:  Age group (e.g. children/youth/ adults/ seniors):

Will you provide your own insurance or purchase through our district?  Provide own  Purchase through school district

Additional comments (e.g. do you require tables, chairs, etc.):

### FOR INTERNAL PURPOSES ONLY

- Principal contacted     Calendar entry  
 Principal approved     Insurance  
 Rental agreement

Additional comments: