



APPLICATION FOR USE/RENTAL OF COMMERCIAL FACILITIES

SCHOOL DISTRICT NO. 69 (QUALICUM)
PO Box 430
100 Jensen Ave. E.
Parksville, BC V9P 2G5

FacilityRentals@sd69.bc.ca
Telephone: (250) 248-4241
Fax: (250) 248-5767

Date received: _____

Group Information

Name of organization _____	Contact person _____	Telephone # _____	Fax# _____
Mailing address _____	City _____	Prov. _____	Postal Code _____
Description of function _____			email address _____
Name of contact person during function _____		# of Participants _____	
Is Instructor Compensated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Fee _____	Admittance Price _____
Name of Instructor (if applicable) _____			

Facility Requested

Commercial Site: Qualicum Commons Craig Street Commons

Room: Gym Multi-purpose Auditorium Classroom Other _____

Dates & Times Required Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Start Time: _____ End Time: _____ Start Date : _____ End Date: _____

Please note: Rental times must be inclusive of set-up and take-down and that "End Time" cannot exceed 9:00 pm.

****DATES ARE NOT CONSIDERED CONFIRMED UNTIL APPLICANT RECEIVES CONFIRMATION OF BOOKING****

IT IS CLEARLY UNDERSTOOD BY THE APPLICANT:

- a) That, except for rental refund, School District No. 69 (Qualicum) assumes no responsibility whatsoever if last minute cancellations are caused by power failure, furnace failure, Fire Marshall Regulations, or other causes beyond the control of the School Board.
- b) That the Rental Fee covers premises as is and does not include custodial services of any kind. If custodial services are required, the organization must assume responsibility for payment and will be billed accordingly.
- c) That organizations are restricted to the use of facilities as approved on the Application Form. (Groups must be out of the facility, including showers, by the time shown on the rental form.)
- d) That the Board is not responsible for any loss or injury occurring during the rental of these facilities. The renter must carry appropriate liability insurance (up to 5 million) to cover participants with the District named as additional insured. (Attach copy of proof of insurance.)**
- e) That groups are fully responsible to ensure all parking regulations are adhered to. Failure will result in cancellation of facility or field use.
- f) Groups claiming non-profit status must attach proof of same (ex. BC registered Society or CRA Charitable Registration #)**

I fully realize my responsibility in ensuring that all members of my group comply with the School District No. 69 (Qualicum) Administrative Procedure 105: *Use of School Facilities*. I further acknowledge that failure to comply with said regulations could result in immediate cancellation of my group's allocation. The Administrative Procedure can be viewed on the district website at: www.sd69.bc.ca.

SIGNATURE OF APPLICANT _____ Date _____

For Office Use Only:

Category: School Program Youth Joint Use Confirmation sent: _____

Non-Profit Org. Adult Rec. Commercial To be invoiced: Yes No

Liability Insurance Expiry Date: _____ Dec. Apr. June Aug.



SCHOOL DISTRICT NO. 69 (QUALICUM)
RENTAL OF SCHOOL FACILITIES
ADDENDUM TO RENTAL AGREEMENT- SAFETY PROCEDURES

We request that all user groups adhere to the safety guidelines as mandated and/or recommended by the Province. Those include the following district conditions for use of facilities:

After hours community use of facilities is allowed in alignment with other health and safety measures:

- Use must occur in line with those activities as per relevant local, provincial and federal public health recommendations and Orders.
- Diligent hand hygiene, respiratory etiquette, ensuring parties stay home if they are feeling sick.

By signing below, I confirm that I have read, understood and will comply with the requirements of the school district's rental agreement and the safety procedures addendum to the rental agreement:

Name of Applicant (Please print)

Signature

Date