

Non-Profit Org.

Liability Insurance 

Expiry Date:

## APPLICATION FOR USE/RENTAL OF SCHOOL 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	email address
Description of function		Name of contact	person duri	ng function	# of Participants
Name of Instructor (if applicable)		ompensated? Y	es 🗆 No	□ Fee	Admittance Price
Elementary School:	<ul> <li>□ Arrowview</li> <li>□ Nanoose Bay</li> </ul>	<ul><li>Facility Reque</li><li>□ Bowser</li><li>□ Oceansid</li></ul>		rrington ualicum Beacł	□ False Bay □ □ Springwood
High School:	🗆 Ballenas 🛛 Kw	alikum			
Room:	🗆 Gym 🗆 Multi-pu	ırpose □ Audit	orium 🗆	Classroom	□Other
Dates & Times Requ				Thursday	□Saturday □Sunday
Bates a Times Requ			lesuay 🗆	muisuay	
Start Time:	_End Time:	Start Date :		End	Date:
Please note: Rental times r	nust be inclusive of set-u	p and take-down a	nd that "En	d Time" cannot e	xceed 9:00 pm.
**DATES ARE NOT C	ONSIDERED CONFIRM	ED UNTIL APPLI	CANT REC	EIVES CONFIR	MATION OF BOOKING**
<ul> <li>caused by power failure,</li> <li>b) That the Rental Fee cover organization must assume</li> <li>c) That organizations are responsed by the time showers, by the time showers, by the time showers, by the time showers are responsed.</li> </ul>	fund, School District No. 69 furnace failure, Fire Marsh ers premises as is and does ne responsibility for paymen estricted to the use of facilitie own on the rental form.) esponsible for any loss of urance (up to 5 million) to	9 (Qualicum) assum all Regulations, or o s not include custod at and will be billed a es as approved on th r injury occurring o	ther causes al services of ccordingly. e Application luring the re	beyond the contro of any kind. If cust n Form. (Groups m ental of these fac	r if last minute cancellations are I of the School Board. odial services are required, the nust be out of the facility, including ilities. The renter must carry additional insured. <i>(Attach</i>
e) That groups are fully resp	ponsible to ensure all parkir				cancellation of facility or field use.
I fully realize my responsibility Administrative Procedure 105 result in immediate cancellati <u>www.sd69.bc.ca</u> .	5: Use of School Facilities. on of my group's allocation	I further acknowledg	e that failur	e to comply with sa	aid regulations could
SIGNATURE OF APPLI	CANT			Date	
For Office Use Only:					
Category: School Progra	am 🗆 Youth 🛛	Joint Use 🛛	Confi	rmation sent:	

□ Adult Rec. □ Commercial □

To be invoiced: Yes  $\Box$  No  $\Box$ 

Apr. 🗆

June 🗆

Aug. 🗆

Dec. 🗆



## SCHOOL DISTRICT NO. 69 (QUALICUM) RENTAL OF SCHOOL FACILITIES ADDENDUM TO RENTAL AGREEEMENT- 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