

APPLICATION FOR USE / RENTAL OF SCHOOL FACILITIES



SCHOOL DISTRICT No. 69 (Qualicum)
 PO Box 430
 1365 Springhill Road
 Parksville, BC V9P 2G5

Operations & Maintenance Department
 Telephone: (250) 248-2067
 Fax: (250) 954-3028

Date received: _____

Group Information

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

Facility Requested

Elementary School: Arrowview Bowser Errington False Bay
 Nanoose Bay Oceanside Qualicum Beach Springwood

High School: Ballenas Kwalikum **Room:** Gym Multi-purpose Auditorium
 Classroom Other _____

Other Site: Qualicum Commons Craig Street Commons

Note: It is the responsibility of the applicant to contact the school principal for use of any school equipment.

Dates & Times Required

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times needed: _____ Dates needed: _____

****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 these 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 rentor must carry appropriate liability insurance to cover participants. **(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.

I fully realize my responsibility in ensuring that all members of my group comply with the School District No. 69 (Qualicum) Administrative Procedure: Rental and Use of School Facilities and Equipment.

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 web-site](#).

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.