



JOINT USE FACILITY REQUEST FORM

(All requests are to be submitted by the school's Administrative Assistant)

SCHOOL INFORMATION	
School Name:	
Administrative Assistant Name:	
Booked for (Teacher name and class):	
Phone:	Email:

FACILITY REQUEST				
Requested Facility:				
<input type="checkbox"/> Arena <input type="checkbox"/> Pool <input type="checkbox"/> Multipurpose Room <input type="checkbox"/> Hall <input type="checkbox"/> Field <input type="checkbox"/> Gym <input type="checkbox"/> Court				
	1 st Choice		2 nd Choice	
Choice of Facility				
Dates Requested	Date (s)	Time(s)	Total Participants	Ages of Participants
Description of Activity/Event (required):				
<i>Please be aware of the supervision requirements for the facility you are requesting and ensure you have adequate, qualified adults present.</i>				

WAIVER

I acknowledge that:

1. Facility requests are not guaranteed
2. A valid Certificate of Insurance (COI) for SD46 must be on file with the SCRD

By checking this box, I hereby certify that the information given in this application is true and correct and I acknowledge that this information forms part of my permit to use the facility.

Signature: _____ Date: _____

The personal information provided on this form is being collected under the authority of the Local Government Act for the purpose of preparing a facility use permit. Personal information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the SCRD Information and Privacy Coordinator at 604-885-6800, 1975 Field Road, Sechelt, BC V7Z 0A8.

OFFICE USE ONLY Date & Time Received: _____