Facility Rentals Application

4750 57th Street, Delta, BC V4K 3C9 Phone: 604-952-5335

- Application to be submitted a minimum of 7 days prior to date(s) requested.
- Cancellations/Changes inside 7 days of confirmed dates will require payment in full
- All fields must be completed. Incomplete forms will not be accepted.

Number of Attendees:			Age (if yo	outh group):	
Facility (school) requested:	Alternate School:				
	Gymnasium	Cafeteria		Library	Theatre
	Multi-purpose Classroom (specify room number if known)				
	Parking Lot	Exterior Und	ercover		
Day(s) of the Week:	Monday Tu	esday Wed	nesday	Thursday	Friday
	Saturday Sunday (weekend/holiday 4 hr min custodial payment applies)				
	Start Date: End Date:				
	Access Time: End Time: (access and departure times must be strictly adhered to)				
	(access and departur	re times must be stri	ctiy adriered	1 (0)	
SPECIAL REQUESTS	(Approval required th	hrough Facility Rento	ıls, such app	roval written into	the permit)
Food/Beverage	Alcohol (Delta Schoo	ol District approval a	nd applicable	e liguor permit re	auired)
LUUIDIIIEIIL (ADDIOVAI III WII)		Facility Rentals incl	ıding tahlaç	/chairs:	
-4	ting required through	Facility Rentals, incl	uding tables	/chairs:	
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	ting required through	Facility Rentals, incl	uding tables	/chairs:	
ACCOUNT INFORM	ATION (Primary Co	ontact will be named	on the pern	nit and responsible	
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ACCOUNT INFORM changes, ensuring timely pa Organization/Society/Privat For Profit No Liability Insurance Provider: (all rentals are required to have an Primary Contact: Address (street, city, postal Cell Phone Number: Secondary Contact:	ATION (Primary Consument processing, and the Name: on-Profit (non-profit necessing) code):	umber upon request	on the pern with Facility F such insurance I: nate Phone I:	nit and responsible Rentals) Private (family, e upon request) Number:	e for all cancellation /social)