

Facility Request – District Bookings

Rentals Use Only: FA #: _____ School: _____
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Submit completed forms to rentals@vsb.bc.ca

Check one

- | | | |
|---|--|--|
| <input type="checkbox"/> Community School Programs
(Sections A & C) | <input type="checkbox"/> District Event (Sections A & C)
<i>(i.e. booking a facility at another VSB location for district meetings/events)</i> | <input type="checkbox"/> Community School Partnerships
(Sections A, B & C) |
| <input type="checkbox"/> District Arts (Sections A & C) | | <input type="checkbox"/> District Initiatives (Sections A, B, & C)
<i>(i.e. Indigenous Education, Early Learning, KidSafe)</i> |
| <input type="checkbox"/> District Athletics (Sections A & C) | | |

Section A: Facility and event information

Event name: _____ School: _____

Description of activity: _____ No. of attendees: _____

Facility required *(check all facilities that apply)*

Indoor

- Classrooms - specify room #s: _____
- Gymnasium - large or small gym: _____
- Auditorium
- Library
- Whole school
- Whole school, **excluding gym(s)**
- Other indoor facility - specify room #s: _____

Outdoor

- Fields - specify: _____
- School parking lot
- Outdoor play area
- Other outdoor facility: _____

Days of the week: Mon Tue Wed Thu Fri Sat Sun

Start date of event: _____ End date of event: _____

Start time: _____ End time: _____

Exclusion dates: _____

To help avoid booking conflicts, does your event include set-up*? No Yes, specify dates/times:

Set-up date & time: _____ Take-down date & time: _____

Set-up will remain overnight: Yes No **Set-up includes tables & chairs, decorations, event staging*

Indicate all that apply

- Heat is required
- Food/Beverage is being served
- Alcohol is being served *(approval from Rentals is required)*
- Building engineer is required. Charge COA# _____

Section B: Community partnership information

Organization name:		
Contract holder name:		
Address:		Postal code:
Phone:	Cell:	Email:

Section C: Requestor information and administrator approval

Requestor name: _____ Department: _____

Administrator name: _____ School: _____

Administrator signature: *(mandatory)* _____ Date: _____