

Facility Rentals Application - Outdoor

✉ rentals@vsb.bc.ca

🕒 Monday to Friday, 8:30 am to 4 pm. Closed on statutory holidays.

Rental Office Use Only

FA#: _____

School: _____

Applications are due a minimum of **10 business days** prior to the rental date requested. To avoid delay in processing your request, please ensure all required fields are complete. Please submit completed forms to rentals@vsb.bc.ca. The Facility Rentals Office will contact you by email once your request has been reviewed.

Facility Request and Rental Information

Event/Program title: _____

Purpose of rental: Outdoor sports Sports Tournament Private programs/camps Special Events

Type of Group & no. of attendees: Adult x _____ Youth x _____

School requested: _____ School (alternate): _____

Facility required:

- All weather (gravel) field Regular grass field School parking lot Outdoor sport court
 Irrigated grass field Other outdoor area _____

Days of the week and booking slots available for sports leagues:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Youth	<input type="checkbox"/> 6 pm – 8 pm	<input type="checkbox"/> 6 pm – 8 pm	<input type="checkbox"/> 6 pm – 8 pm	<input type="checkbox"/> 6 pm – 8 pm	<input type="checkbox"/> 6 pm – 8 pm	2 hour slots starting at 9 AM	
	<input type="checkbox"/> 8 pm – 10 pm	<input type="checkbox"/> 8 pm – 10 pm	<input type="checkbox"/> 8 pm – 10 pm	<input type="checkbox"/> 8 pm – 10 pm	<input type="checkbox"/> 8 pm – 10 pm	Start time: _____	Start time: _____
Adult	<input type="checkbox"/> 6 pm – 10 pm	<input type="checkbox"/> 6 pm – 10 pm	<input type="checkbox"/> 6 pm – 10 pm	<input type="checkbox"/> 6 pm – 10 pm	<input type="checkbox"/> 6 pm – 10 pm	4 hour slot starting at 9 AM	
						End time: _____	End time: _____

Days of the week (if recurring days) for private programs/special events:

<input type="checkbox"/> Mo <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Start time (time of entry): _____ AM/PM End time (time of exit): _____ AM/PM
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Requested date/s: _____

Exclusion dates (if any please list): _____

Contract Holder Information (as appears on the rental contract)

Organization/Group name:		
Contract holder name:		Primary phone: () -
Email:		Secondary phone: () -
Mailing address:	City:	Postal code: -
If you are a not-for-profit organization, registration # is required for the NFP rate: _____		
Enclosed is my \$5 Million Dollar liability insurance certificate*: <input type="checkbox"/> Yes <input type="checkbox"/> No		

***Upon approval of your request, all rental groups are required to provide a \$5 Million Dollar liability insurance certificate. This is in alignment with Vancouver School Board policy, and it must be provided before any rental contract is issued. The liability insurance must state **The Board of Education, SD 39 (Vancouver) 1580 W. Broadway Vancouver BC V6J 5K8** as the additional insured.**