



Ph: 604-903-4611 Fax: 604-903-3445 rentals@sd44.ca

Facility Rentals Application

Name of Organization:			
For the Purpose of:			
School Requested:			
Approximate Number in C	Group: Number	of Students:	Number of Adults:
Day(s) of the Week: ☐ Monday ☐ Tuesday	y □ Wednesday □ T	hursday	y □ Saturday □ Sunday
Hours: From:			⊃a.m. ⊝p.m.
Start Date:	End Date:		
Facility Requested:			
☐ Large Gym (High Sch	ium ☐ Cafeteria hool) ☐ Classroom	☐ Activity Room	☐ Small Gym (High School) ☐ Library
Name of Contact Perso	n:		
Address:			Postal Code:
Phone: Home:	Work:		Cell:
Fax: Day:	Night:		
Email:			
Alternate Days:			
Alternate Hours:			
Alternate Schools:			
Other Information:			