



**Continuing Education**  
 4750 57th Street, Delta, B.C. V4K 3C9  
 Phone 952-5335 Fax 940-5520  
 EMAIL: facilityrentals@deltasd.bc.ca

# SCHOOL USE FORM

(Please retain a copy of this form for reference)

**TODAYS DATE:**

**PREVIOUS CONTRACT #** (if appl.):

**NAME OF ORGANIZATION:**

Is the Group a Registered Non-Profit Society? YES  NO

If yes, provide registration number along with a copy of the non-profit registration certificate:

Description of Use/Activity:

**CONTACT PERSON:**

Home Phone:	Cellular Phone:	Fax:
Work Phone:	Email Address:	
Address:		Postal Code:

**2nd CONTACT PERSON:**

Home Phone:	Cellular Phone:	Fax:
Work Phone:	Email Address:	

**COMPLEX/SCHOOL REQUESTED:**

**FACILITY**(Classroom, Gym, Theatre, Cafeteria, Library, Multi-Purpose Room):

Start Date:	Finish Date:	Day of the Week:
Start Time (including set-up):	Finish Time (including clean-up):	Total Hours Per Week:
Will fees, membership or admission be charged? YES <input type="checkbox"/> NO <input type="checkbox"/>		

If yes, how much per session: \$

Age of Participants:	# of Participants:	Expected Attendance:
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**CUSTODIAL SUPPORT REQUIREMENTS** (set-up, tear down, etc): YES  NO

Equipment Required:	# of chairs	# of tables
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*SPECIAL EQUIPMENT REQUIREMENTS (ALL EQUIPMENT REQUESTS MUST BE MADE WITH AND APPROVED BY THE SCHOOL'S PRINCIPAL. USER GROUPS TO PROVIDE THEIR OWN SPORTS EQUIPMENT UNLESS PRE-APPROVED BY PRINCIPAL. SOUND AND LIGHTING, AUDIO VISUAL EQUIPMENT, PIANO AND KITCHEN TO BE ARRANGED WITH SCHOOL PRINCIPAL):*

Will beverages/Food be served: YES  NO

If yes, please provide details:

Will liquor be served? YES  NO

Liquor Licence Obtained? YES  NO

**CANCELLATIONS:** In order to schedule user groups effectively, we request that all users provide the Continuing Education Office with written notice of cancellation 7 days prior to the scheduled date. Groups failing to do so will incur the rental cost for the unused time slot.

**THE UNDERSIGNED, HAVING READ THE TERMS AND CONDITIONS GOVERNING USE OF SCHOOL FACILITIES AS SET OUT ON THE TERMS AND CONDITIONS OF USE, AGREES TO ACCEPT THE FACILITIES AS INDICATED AND TO ABIDE BY THE STATED REGULATIONS.**

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 SIGNATURE OF PERSON ACCEPTING RESPONSIBILITY

(If Required) Principal's Approval Signature:

**PAYMENT INFORMATION FOR OFFICE USE ONLY**

CUSTODIAL CHARGES:

VISA, M/C, or AMEX number:	Cheque #
Expiry Date:	Cash Amount:
CVV Code:	