



**EXTERNAL APPLICATION
FOR COMMUNITY USE OF SCHOOL FACILITIES OR PLAYFIELDS**

HOW TO BOOK: Drop off, email or fax a completed application to the Facility Rentals Office at:
14033 – 92 Avenue, Surrey, BC, V3V 0B7
Telephone: (604) 595-6084 Fax: (604) 595-6083 Email: facilityrentals@sd36.bc.ca

DEADLINES FOR RENEWAL APPLICANTS TO ENSURE ASSIGNMENT OF SAME SPACE/TIME AS IN PREVIOUS YEAR

March 15 - Bookings (for either interior or exterior space) **with a start date** in July - August
May 15 - Bookings (for either interior or exterior space) **with a start date** in September - June

DISTRICT BOOKING PRIORITIES: School District groups get first priority in booking space. Surrey Parks & Recreation and White Rock Leisure Services programs and services get 2nd priority. Renewal applicants will receive first right of refusal after District and Municipality bookings. All other users are booked in after these first three requirements are met.

If you would like to view availability of elementary gyms after regular school hours, please visit our district website at www.sd36.bc.ca/facilityrentals.

SCHOOL REQUESTED: _____

If Renewing, indicate Previous License Number: _____

(For renewal, all significant details must be the same as previous contract.)

AREAS, DATES AND TIMES REQUESTED:

Please be as specific as possible when indicating room or field – ie. Classroom A101, Large Gym, All-Weather Field, Grass Field, etc. If you require access to the parking lot please indicate. Washrooms are included in all building rentals but not in field rentals.

REQUESTED DAY(S) REQUIRED AS: Single Event (s) Weekly Monthly

AREA(S) REQUESTED	DAY	START DATE	START TIME / FINISH TIME		FINISH DATE
(Example): Large Gym	Thursday	Sept 16, 2010	6:00pm	7:00pm	June 10, 2011
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Will Beverages/Food be Served? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, provide details)</small>	Age of Participants _____ Expected Attendance _____
Will Alcohol be Served? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will Fees, Memberships, or Admission be Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, how much?)</small>	\$ _____ per session
Description of Use/Activity: _____	Special Requirements/Equipment (charges will apply for equipment use): _____
Is the Group a Registered Non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, you must provide registration number along with a copy of the certificate registering your group as non-profit)</small>	

NAME OF RENTAL GROUP: _____

Name of Official in Charge: _____ Position with Group: _____ Term of Office: From _____ To _____ <small>(Official in charge must be 19 years of age or older and an executive officer of the group. Coaches/group leaders, etc. are to make requests through their executives.)</small>	On Site Group Leader: <small>(if different from official contact person)</small>
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Address: _____	City: _____	Province: _____	Postal Code: _____
Home Telephone: _____	Cellular Telephone: _____	Pager Number: _____	
Work Telephone: _____	Fax Number: _____	Email Address: _____	

****Please indicate above, which, if any, of the contact information is new.**

EMERGENCY CONTACT PERSON:

Home Telephone: _____	Cellular Telephone: _____	Pager Number: _____
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Please make a copy of this completed form for your records. The Facility Rentals Office will contact you once a formal rental license has been prepared and is ready for your signature.