

Facility Rentals Application

Rental Office Use Only
RC#:
School:

Please ensure all required fields are complete. Please submit the completed form to rentals@wvschools.ca. The Facility Rentals Department will contact you by email once your request has been reviewed.

Facility Request and Rental Information

Facility Request and Rental Info				
Purpose of rental:				
Total No. of attendees:	☐ Adult	☐ Youth		
School requested:	hool requested: School		ernate):	
Facility required:				
☐ Classroom ☐ Classroom/s: If k	DSH 5-9pm Dknown, please specify room	/s#s:		
Requested date/s:				
Start time (time of entry):	AM/PM E !	nd time (time	of exit):	AM/PM
Days of the week (if recurring days)	☐ Mon ☐ Tue	☐ Wed ☐] Thu 🔲 Fri	☐ Sat ☐ Sun
Exclusion dates (if any please list):				
Please check all that applies:				
☐ Heat is required ☐ Soccer Nets are ☐ Volley required (Excluding Badm		/ball/ inton poles quired	☐ Tables & Chairs are required for special events — Additional cost may apply for set-up. Please specify qty:tables,chairs	
Contract Holder Information (as a	ppears on the rental contra	act)		
Organization/Group name:				
Contract holder name:			Primary phone:	
Email:			Secondary phone:	
Mailing address:		City:		Postal code:
If applicable, please provide a proof of o	official non-profit society	status.	•	
Enclosed is my \$2 Million Dollar liability	insurance certificate*:	☐ Yes ☐ I	No	

^{*}Upon approval of your request, all rental groups are required to provide a Certificate of Insurance – minimum \$2,000,000 liability, with West Vancouver School District named as Additional Insured.