



**SCHOOL DISTRICT NO. 43 (COQUITLAM)**

550 Poirier Street, Coquitlam, BC V3J 6A7

PHONE: 604-939-9201

FAX: 604-939-4492

**APPLICATION FOR USE OF SCHOOL FACILITIES**

**NOTE: Rental charge procedures require prepayment of fees for use of facilities. A rental contract will be issued, and upon payment your rental will be confirmed.**

PLEASE ANSWER ALL QUESTIONS ON THIS APPLICATION FORM.		Date of Application	
Name of Group		Person Authorized to Represent Group	
This person must be over 19 years old and will be the one receiving the invoices and thus be responsible for submitting payments. Prepayments will be required before school use is approved. We will not be refunding any cancellation by users. However, should the use be cancelled by the school district due to the unavailability of the facility, a refund will then be issued.			
Mailing Street Address		City	
Postal Code	Residential Phone ( )	Business Phone ( )	Fax Phone ( )
Renewal Contract # (If Applicable)		Email Address	
Number in Group	Adult or Youth Group Adult	Will there be an admission or lesson charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Activity	Charge: \$	Community Group, Non-Profit or For Profit Circle one (Provide proof if non-profit status)	
Name of School Requested			
Facility Requested <i>(gym, library, classroom)</i>			
Day(s) of week Requested			
Time(s) Requested			
Commencement Date of Activity Month                  Day                  Year		Completion Date of Activity Month                  Day                  Year	
Alternate School Requested (if any) n/a			
Alternate Day Requested			
n/a			
Alternate Time(s) Requested			
n/a			

**Special Requests (if any - ie: use of equipment, tables or chairs, etc)**

**\*\*\*Weekday School Use Requests do not require a copy of this application be sent to SD43 (Only weekend requests) Thank you.\*\*\***

**Principal Notes/Comments:**  
 If school sanctioned activity (application form not required)  
 Additional caretaking required/requested Yes  No   
 If yes, state recommended shift:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

"I/We understand that there is no warranty expressed or implied on the part of the Board as to suitability or condition of the school premises hereby demised. I/We accept the said premises at my/our own risk, and I/we covenant to indemnify and save harmless the Board of all loss, costs and damages which may arise as a consequence either directly or indirectly of the granting of this lease. I/We understand and agree that this lease may be revoked or cancelled at any time with or without cause and that in the event of such revocation or cancellation there shall be no claim or right to damages, or reimbursement on account of any loss, damage or expense whatsoever."

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED PERSON OF GROUP**  
 (as named above) Carmen Disiewich for: H. Carley

**PRINCIPAL/VICE-PRINCIPAL VERIFICATION  
 IF AVAILABLE, PLEASE SIGN AND RETURN  
 BY FAX TO 604-939-4492 THANK YOU**