

# REQUEST FOR USE SCHOOL DISTRICT #62 FACILITIES



1767 Island Hwy . Victoria, BC V9B 1J1  
www.westshorerecreation.ca

SEND FORM TO **Facility Bookings**  
PHONE 250-474-8611 FAX 250-474-8650  
bookings@westshorerecreation.ca

TODAY'S DATE: \_\_\_\_\_

## USER INFORMATION

**ORGANIZATION:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**MUNICIPALITY:**  Langford  Colwood  Metchosin  Highlands  Sooke  View Royal  Other: \_\_\_\_\_

**PHONE (Business):** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**PHONE (Home):** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**ALTERNATE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

## SCHOOL AND ROOM REQUESTED

**FIRST CHOICE:** \_\_\_\_\_

**SECOND CHOICE:** \_\_\_\_\_

Ball Diamond  Field  Gym  Library  Multi-Purpose  Other: \_\_\_\_\_

## PURPOSE & DATE of REQUEST

**PURPOSE of RENTAL:** \_\_\_\_\_ **# OF PARTICIPANTS:** \_\_\_\_\_

**YOUR AGE GROUP:**  Age 18 Years & Younger  Age 19 Years & Older

**DAY/S REQUESTED:**  M  Tu  W  Th  F  Sa  Su **TO**  M  Tu  W  Th  F  Sa  Su

**DATE REQUESTED:**  **TO**  **TIME REQUESTED:**  **TO**

*\*A rental contract will be prepared. This contract MUST BE SIGNED within 10 days and RENTAL FEE PAID as per contract to confirm booking/s. Failure to comply will result in the loss of booking date & fee.*

**SIGNATURE of REQUESTEE:** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_