

Halifax Regional School Board - Facility Application Form
 Community Development - Facility Scheduling Division
 P.O. Box 1749, Halifax, NS B3J 3A5 (902) 490-7100 / fax (902)490-4588

Organization Name (if applicable): _____
 Contact Name: _____
 Address: _____ City _____ Postal Code: _____
 Phone(Home): _____ Business/Alternate: _____ Cell: _____
 E-Mail: _____ Fax: _____

Name of/type of event or use: _____
 Have you booked HRSB facilities for this event in previous years? " Yes " No
 If yes, which facilities? _____

School/Facility Requested: (If unsure, please consult with scheduling staff for recommendations)

School Name: _____

Facility/Room	Day of Week	Time (start/end)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Start Date: _____ End Date: _____

INSURANCE: Do you have Insurance? " Yes " No
 **If 'No', a waiver must be signed and must accompany the Facility Application Form.

Please provide the estimated:
 Number of attendees: _____ Number of participants: _____ Number of spectators: _____
 What is the age range of your participants: _____
 Will participants be charged? " Yes or " No
 Will spectators be charged? " Yes or " No If yes, list fee(s): _____

****False information will result in loss of rentals. **HRSB reserves the right to adjust rental fees accordingly.****

Please Note: You are renting 'space' only. Storage Space and Equipment are not provided with your booking. Shower Facilities are also not available for use with your booking. Table and/or chair requirements may be arranged for upon contract confirmation. Additional charges may apply. Please refer any inquiries to your Facility Scheduler.

Is your group registered as NOT FOR PROFIT: Yes or No
If yes, insert your Not For Profit Registration # here: _____
as proof of status in order for your group to be eligible for Not For Profit Scheduling Fees.

I ACKNOWLEDGE THAT THIS APPLICATION IS ONLY A REQUEST AND THAT RENTALS ARE NOT CONFIRMED UNTIL ALL APPLICABLE FEES ARE PAID IN ADVANCE OF USAGE AND A CONTRACT IS SIGNED. Under certain circumstances, a payment plan may be available.

IN SIGNING THIS APPLICATION FORM, I UNDERSTAND THAT THIS IS NOT A CONTRACT AND CONFIRM THAT I HAVE READ, AND WILL ADHERE TO, ALL TERMS AND CONDITIONS AS OUTLINED ABOVE AND IN THE 'PROCEDURES FOR SCHEDULING HRSB FACILITIES' DOCUMENT.

Signature: _____ Date: _____

Office Use Only:
 Staff Receiving: _____ Date: _____