

## **APPLICATION FOR USE – SCHOOL FACILITIES**

Facility Scheduling PO Box 1749, Halifax, NS B3J 3A5 311(phone) / 902-490-4588 (fax)

## **RENTAL APPLICATION**

| Group/Organization Name:             |   | Type of Organization:                       |                                   |                          |                  |
|--------------------------------------|---|---|-----------------------------------|--------------------------|------------------|
|                                      |   | If non-profit, please insert registration # |                                   |                          |                  |
|                                      |   | Youth ☐ Adult ☐ Corporate ☐                 |                                   |                          |                  |
| Contact Name:                        |   | Email Address:                              |                                   |                          |                  |
| Address:                             |   | Are you a new client? Yes □ No □            |                                   |                          |                  |
| City:                                |   | Primary Phone Number:                       |                                   |                          |                  |
| Province:                            | Postal Code:  | Alternate Phone Number:                     |                                   |                          |                  |
| RENTAL DETAILS                       |   |   |                                   |                          |                  |
| Event Description:                   |   | Is this a tournament request? Yes □ No □    |                                   |                          |                  |
| Is Event for:                        |   | Estimated Num                               | her of Partic                     | rinants (includ          | ling spectators: |
| <10 yrs □ 10-15 yrs                  | <b>Estimated Number of Participants</b> (including spectators: Will Participants be charged? Yes □ No □ Fee Enter # |   |                                   |                          |                  |
|                                      | Will Spectators be charged? Yes □ No □ Fee Enter #  |   |                                   |                          |                  |
| Do you have insurance? Y             | Have you booked a HRCE Facility for this event in   |   |                                   |                          |                  |
| If no, a waiver and assump           | previous years? Yes □ No □  |   |                                   |                          |                  |
| signed and must accompar             | If Yes, which facilities and for what purpose?  |   |                                   |                          |                  |
| Additional items required            | Special Requests or Comments:   |   |                                   |                          |                  |
| Chairs   Qty: Enter #                |   |   |                                   |                          |                  |
| Bleachers   Other: Please            |   |   |                                   |                          |                  |
|                                      |   |   |                                   |                          |                  |
| FACILITY REQUEST I                   | NFORMATION  |   |                                   |                          |                  |
| If you do not know the spec          | ific school name, alternative   | ly you can identii                          | fy by commu                       | nity/area.               |                  |
| 1.                                   | Day   | Start Time                                  | End Time                          | Start Date               | End Date         |
| School:                              |   |   |                                   |                          |                  |
| Room:                                |   |   |                                   |                          |                  |
| 2.                                   | Day   | Start Time                                  | End Time                          | Start Date               | End Date         |
| School:                              |   |   |                                   |                          |                  |
| Room:                                |   |   |                                   |                          |                  |
| 3.                                   | Day   | Start Time                                  | End Time                          | Start Date               | End Date         |
| School:                              |   |   |                                   |                          |                  |
| Room:                                |   |   |                                   |                          |                  |
| in advance of usage. In signing this | n is only a request and that rentals<br>s application form, I understand tha<br>above and in the "Procedures for So | at this is not a contra                     | ict and confirm<br>ities" documen | that I have read a<br>t. |                  |
|                                      | <b>!</b>  | 1 1   |                                   |                          |                  |
| For Office Use Only                  |   |   |                                   |                          |                  |
| Staff Receiving:                     | Date:   |   |                                   |                          |                  |