



BOOKING REQUEST

Date of Application:	Event Coordinator:
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Event Name:

Address (of applicant or organization)	Phone:	Email:
	Alt.Phone:	

Signature:

Office use only:	Received by:	Date Received:
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Event Details: if your event exceeds your stated end time, you may be subject to penalty fees. These fees will be deducted from your damage deposit.

Number of Attendees:	Start Date:	Start time:
	End Date:	End time:

Alternate Dates: In the event that the facility is not available on your requested date, please indicate second and third choice for booking dates	Second Choice:	Start Date:	End Date:
	Third Choice:	Start Date:	End Date:

Facility Details:

Please indicate which Facility you are requesting to book: (check all that apply)	Main Gymnasium	<input type="checkbox"/>	Kitchen Access	<input type="checkbox"/>
	Takaya Room (West)	<input type="checkbox"/>	Xwmélch'sten (Capilano Field)	<input type="checkbox"/>
	Eslha7an Room (East)	<input type="checkbox"/>	Lacrosse Box	<input type="checkbox"/>
	Bus Transportation	<input type="checkbox"/>	Other	<input type="checkbox"/>

OTHER SERVICES AND SUPPORT OPTIONS

IT / Tech Support	Options	
<input type="checkbox"/> Projector / Screen	<input type="checkbox"/> Table Plastic Cloths	<input type="checkbox"/> Coffee / Tea Service
<input type="checkbox"/> PA System – Wireless Mics	<input type="checkbox"/> Cross (Funerals)	<input type="checkbox"/> Candles (Funerals)
<input type="checkbox"/> On-site Tech Support & Set up	<input type="checkbox"/> Dividers Picture Display isles (5)	
<input type="checkbox"/> Podium	<input type="checkbox"/> Wifi SNwireless (ask reception for password)	

Mandatory Date and time of test trial: <hr/> For slide shows please make time to test trial before the Prayer / Funeral Service. Please makes sure to have HDMI cords etc	Contact Name: <hr/> Contact Number:
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MANDATORY FIRST AID REQUIREMENT☺ **Level 2 First Aid minimum mandatory for all facility bookings (100 + people)**

Name:

Phone Number:

Email:

TRANSPORTATION (Department Events ONLY)**NORTH VANCOUVER PICK UP SCHEDULE**

Seymour IR Mailboxes

Jacobs & Jacobs

Eslha7an LC

Mathias Road

Mission Road & 1st Street

Ikwikws Road

Reminder Pick up Schedule should be hour prior to the start time of the Event.

Name of Bus Driver:**Contact Number:****Event Details**

Set up date:

Set up time:

ABSOLUTELY NO CONFETTI OF ANY KIND THIS DAMAGES THE FLOOR

Name of Rental Company:

Contact Number:

Rental Drop off @ Facility

Date:

Rental Pick up @ Facility

Date:

Time:

Time:

Additional Notes:**Catering**

Name of Caterer or Business:

Contact Number:

Date of Kitchen Access:

Time:

Provide Certificates:

Food Safe Red Seal **Additional Notes/Reminders:**

OFFICE USE:

ACCEPTED BY:

DATE OF ACCEPTED

APPROVED BY:

APPROVAL DATE: