

FACILITY RENTALS APPLICATION FORM Facility.Rentals@burnabyschools.ca General

(604) 296-6904

Rental Information

Previousinvoice# (if renewing)	
Locationpreferred	Alternate location(s)
Areas required (gym, classroom, etc)	
Start & end date of event(s)	Reoccurring? (daily, weekly, monthly)
Start & end time(s) (including set up	ke do <u>wn)</u>
Name of primary contact	<u>Jo</u> b title
Street address	Postal
Phone number(s)	Email address(es)
Name of organization/group	Event description
Type ofOrganization/Group	durati o fiany event before booking can be confirmed.
	Chariable organization, registration#
Commercial or public Adul	Youth (under 19)
Additional Information	
# of participants Parking re	red? Yes No Name of onsite contact
Tables/chair needed?setup is respons	ity of user group) Yeş# of tables/chairsNo
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