



SCHOOL DISTRICT 46 SUNSHINE COAST

FACILITY BOOKINGS REQUEST FORM

Name of Organization: _____

For the Purpose of: _____

School Requested: _____

Approximate Number in Group: _____ Number of Students: _____ Number of Adults: _____

Day(s) of the Week:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: From: _____ a.m. p.m. To: _____ a.m. p.m.

Start Date: _____ End Date: _____

Facility Requested:

Elementary Gymnasium Large Gym (High School) Athletic Field

Library Classroom Parking Lot

Other: _____

Name of Contact Person: _____

Address: _____ Postal Code: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Alternate Days: _____

Alternate Hours: _____

Alternate Schools: _____

Other Information: _____

APPROVAL PENDING