**THEATRE RENTAL APPLICATION FORM**

**The Board of Education of School District 61 (Greater Victoria)**

**Rentals Department, 491 Cecelia Road, Victoria, BC V8T 4T4**

**Tel: 250-920-3400 Fax: 250-920-3461**

**Email: rentals@sd61.bc.ca**



**NAME OF RENTAL GROUP**:

**Purpose:**

**Number of Participants:****Expected Attendance:**

**Event will be advertised**  **Tickets will be sold**

**Is the Group a Registered Non-profit?**  Yes (If yes, you must provide registration number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

No

**ESQUIMALT** **REYNOLDS** **SPECTRUM  VIC HIGH**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Permit Holder:** **Position with Group**: | | | | | | | |
| Address: | | | | City: | Province: | Postal Code: |
| Home Telephone: | Cell Telephone: | | Work Number: | | Email: | |
| **Name of Alternate Contact Person:** | | | | | | |
| Daytime Telephone: | | Cell Telephone: | | | Email: | |

**REQUESTED DATE(S)**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day of Week** | **Start Date** | **Finish Date** | **Time of Arrival** | **Time of Departure** |
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| **ADDITIONAL INFORMATION/REQUIREMENTS:** |

**INSURANCE REQUIRED**: Proof of valid $2M commercial general liability insurance coverage **MUST** be provided.

**SELF INSURED**: Provide a Certificate of Insurance with The Board of Education of School District No. 61 (Greater Victoria) as additional insured.

**REQUIRE INSURANCE:** Purchase through The Board of Education of School District No. 61 (Greater Victoria)

*APPLICATIONS FOR USE OF SCHOOL DISTRICT PROPERTY* ***MUST*** *BE RECEIVED 10 BUSINESS DAYS PRIOR TO DATE(S) OF USE.*

As Permit Holder, I accept responsibility for damage and/or injuries to any person(s) and to any damage to School District premises and/or equipment arising from use of School District property. Furthermore, I accept responsibility for all costs incurred and have read the Terms and Conditions on the reverse side of this form and will ensure the organization complies with its provisions.

Applicant’s Name (Print):       Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: