

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 &	take down)
Name of primary contact	
Street address	Postal
Phone number(s)	Email address(es)
Name of organization/group	Event description
	e durati o fiany event before booking can be confirmed.
Type of Organization/Group Non Profit society, paigtration#	´Chariable organization, registration#
· -	Youth (under 19)
Additional Information	
# of participants Parking requ	uired? Yes No Name of onsite contact
Tables/chair needed?setup is responsible	pility of user group) Yeş# of tables/chairsNo
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