FORM B: School Use Request Form

SCHOOL USE REQUEST FORM (please submit separate form for each group / age / activity)

Submit forms to the Booking Office (BO) – recbookings@whitehorse.ca

Canada Games Centre / Fax: 668-8675 / Phone: 633-8518

Special Permission Required

Schools are not available on statutory holidays, PD days, during elections, or scheduled maintenance.

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|--|------------|--------------------------------|--------------------|--------------|----------------------------------|------------|--------------------|--|
| Organization: | | | | | Activity: | | T | |
| Category: | Non-Profit | | Commercial | Private | Political / Religious | Event | Summer Camp | |
| | | | | | Will you be chargin | | Yes No No | |
| Age of Participants: | 1 | | # of Participants: | | Will you be selling goods? | | Yes No No | |
| Main Contact: | | | | | Phone (day): | | | |
| Email Address: | | | | | Phone (eve): | | | |
| Mailing Address: | | | | | Postal Code: | | | |
| | | | Reques | t for School | Use | | Confirmed | |
| | | (please print clearly) | | | | To | be completed by BO | |
| Preferred School | | | | | | | | |
| Area Required | | | | | | | | |
| encie bayys | | Mon Tues Wed Thurs Fri Sat Sun | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Required | | | | | | | |
| Starting & End Ti | me | | | | | | | |
| Starting & End Da | ate | | | | | | | |
| I hereby agree to comply with all rules, regulations and procedures as established by the City of Whitehorse, Department of Education, Commission scholaire francophone du Yukon and the School on behalf of my organization. Signature of User Group Contact: Submitted Proof of Insurance: | | | | | | | | |
| IMPORTANT DEADLINES | | | | | | | | |
| SUMMER BREAK | | | | | | CHOOL TERM | 1 | |
| Key Return Date: August 31 | | | | | Key Return Date: June 15 | | | |
| Request Deadline: April 1 | | | | | Request Deadline: June 1 | | | |
| Outdoor Field Request Deadline: March 1 | | | | | | | | |
| Authorized Signature for SPECIAL PERMISSION: | | | | | | | | |
| Signature of City Representative: | | | | | Date Received by Booking Office: | | | |