



7256 Chilliwack River Road
 Chilliwack, B.C V2R 4L9
 Phone #: (778)731-0776
Raven.George@Skowkalefn.com

Building/Facility Rental Request

CONTACT DETAILS

Name of Person in charge of event:	Date of Application: / /
Community Affiliation:	
Address:	
Email:	
Phone Number: ()	Alternate: ()

EVENT INFORMATION

Please provide a full description of event and proposed set-up. Indicate all activities that will apply to your event. Depending upon activities, applicants may be required to supply other documentation before final approval is issued (i.e. insurance, etc.). Note that some activities may not be approved.

Full description of event and proposed set-up: (Wedding, Meeting, Birthday Party, Fundraiser, Dance, Other)	
Date(s) of Event:	Estimated # of Guests:
Set up/start time:	Clean-up/end time:

FACILITY REQUESTED

- Gymnasium (500 people)
- Council Chambers/Main Boardroom (18-20 people)
- Health Boardroom (20-24 people)
- Meeting Room 2 (8 people) weekdays only
- Meeting Room 3 (8 people) weekdays only
- Meeting Room 4 (8 people) weekdays only
- Café
- Kitchen
- BBQ
- Outdoor Space / Carving Shed

ADDITIONAL REQUESTS

- Tables 8ft Rectangular – Quantity: _____ (max 16)
- Tables 6ft Rectangular – Quantity: _____ (max 8)
- Table Round – Quantity: _____ (Max 32)
- Chairs – Quantity: _____ (max 500)
- Setup (attach layout drawing)
- Other: _____

PAYMENT

Full payment of the damage deposit is required at time of booking to confirm your rental. Any additional fees, if applicable, will be outlined on the rental agreement.

I/We certify that we have read the above guidelines and agree to conform hereto.

Signature of Applicant

Date