

RENTAL REQUEST FORM



TODAY'S DATE: _____
DD/MM/YYYY

USER INFORMATION

ORGANIZATION:	CONTACT NAME:	
ADDRESS:	CITY:	POSTAL CODE:
PHONE (Business):	EMAIL:	
PHONE (Personal):	FAX:	

FACILITY BOOKINGS

SEND TO BOOKINGS EMAIL: seaparc@crd.bc.ca FAX: 250.642.4317

SEAPARC Leisure Complex

- | | |
|---|--|
| <input type="checkbox"/> Board Room \$22/hr (\$0 Non-Profit) | <input type="checkbox"/> Pool \$162/hr |
| <input type="checkbox"/> Multipurpose Room -1/2 room A or B \$33/hr | <input type="checkbox"/> Lane (Adult/Commercial) \$27/hr |
| <input type="checkbox"/> Multipurpose Room A & B \$66/hr | <input type="checkbox"/> Lane (Youth) \$14/hr |
| <input type="checkbox"/> Ice (Rates vary) | <input type="checkbox"/> Arena Dry Floor (Rates vary) |

Stan Jones Field

- \$27.75/practice or game (Adults)
- \$13.00/practice or game (Youth)

Sooke Sport Box

- Youth \$15.75/hr
- \$31.50/hr (Adult or Youth Commercial)
- \$63/hr (Commercial)

DeMamiel Creek Golf Course

- Tournament (Rates Vary)

PURPOSE & DATE OF REQUEST

PURPOSE OF RENTAL: _____

OF PARTICIPANTS: _____

OF SPECTATORS: _____

AGE GROUP: Age 18 Years & Younger Age 19 Years & Older

DAY/S REQUESTED: M Tu W Th F Sa Su TO M Tu W Th F Sa Su

DATE/S REQUESTED: _____ TO _____ TIME: _____ TO _____
DD/MM/YYYY

ADDITIONAL REQUESTS (i.e. Room Set Up)

LIABILITY INSURANCE

Insurance Required Proof of 3rd Party Liability Insurance with the Capital Regional District as additional insured

**Your rental contract MUST BE SIGNED within 10 days and the RENTAL FEE PAID as per contract to confirm the booking/s. Failure to comply will result in the loss of the booking date & fee.*

Rates Effective September 1, 2024