RENTAL REQUEST FORM



USER INFORMATION ORGANIZATION:		CONTACT	NAME:	
ADDRESS:		CONTACT NAME: CITY: POSTAL CODE:		
		EMAIL:	POSTAL CODE:	
PHONE (Business):				
PHONE (Personal):		FAX:		
FACILITY BOOKINGS				
SEND TO BOOKINGS EMAIL: seaparc	@crd.bc.ca FA	AX: 250.642.4317		
SEAPARC Leisure Complex				
☐ Board Room \$22.75/hr (\$0 Non-Profit)		☐ Pool \$170/hr	□ Pool \$170/hr	
☐ Multipurpose Room -1/2 room A or B \$34/hr		☐ Lane (Adult) \$20	☐ Lane (Adult) \$20/hr	
☐ Multipurpose Room A & B \$68/hr		☐ Lane (Youth) \$15/hr		
□ Ice (Rates vary)		☐ Lane (Commercial) \$28/hr		
\square Arena Dry Floor (Rates vary)				
Stan Jones Field	Sooke Sport Box		DeMamiel Creek Golf Course	
\square \$29/practice or game (Adults)	☐ \$16.25/hr (Youth)		☐ Tournament (Rates Vary)	
☐ \$14/practice or game (Youth)	\square \$32.50/hr (Adult or Youth Commercial)			
	☐ \$65/hr (Commercial)			
PURPOSE & DATE OF REQUE	ST			
PURPOSE OF RENTAL:				
# OF PARTICIPANTS:	# OF SPECTATORS:			
AGE GROUP: ☐ Age 18 Years & Yo	ounger \square	Age 19 Years & Older		
DAY/S REQUESTED: ☐ M ☐ Tu ☐ \	N □ Th □ F [□ Sa □ Su TO □ M □	Tu \square W \square Th \square F \square Sa \square Su	
DATE/S REQUESTED:	то	TIME:	то	
DD/MM/YYYY				

LIABILITY INSURANCE

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

Rates Effective September 1, 2025

^{*}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.