

# FACILITY USE APPLICATION FORM COMMUNITY CENTRE, ROTARY FIELDHOUSE AND SPORTSPLEX

<b>EVENT INFORMATION</b>	1										
NAME OF EVENT:						I	EVEN	IT		ındraiser/Charit	
(TO BE DISPLAYED)						(	CATE	GORY:	☐ If Y	YES, have you appl	ied for a grant-in-aid?)
PURPOSE OF USE:									_	ee Public Event	
ORGANIZATION:										cketed Public Ev	
									☐ Pr	ivate/Family Ev	ent
PRIMARY CONTACT	INFO										
PRIMARY CONTACT:						PRI	MARY	Y CELL:			
PRIMARY EMAIL:						ALT	ALT PHONE:				
ADDRESS:									ı		
CITY:	ONSITE CONTACT NAME:										
POSTAL CODE:	ONSITE CO							CELL:			
<b>EVENT REQUESTS</b>											
LOCATION:	🗆 соммі	JNITY CEN	ITRE		SPORTS	PLEX	(	☐ RO	TARY	Y COMMUNI	TY FIELDHOUSE
ROOM/FACLITY:	For example; Gy	m, Kitchen,	Meeting	g Room,	etc.						
# OF		START								END	
DAYS:	Date:		Time:			Da	ate:			Time:	
SPECIAL REQUESTS	COMMENTS:					•					
# OF PARTICIPANTS: #ADULTS #YOUTH TOTAL # INSURANCE PROVIDED BY								: (IF REQUIRED)			
	**IF MORE T					ED**					
SET UP INFO:	☐ SET UP RI	EQUIRED (	ADDITION	AL FEES AF	PPLY)	SELF	SET-U	UP (NO AD	DITION	NAL FEES APPLY)	
SET UP DETAILS: (pro											
plan for large rentals & staff se	et ups)										
WILL THERE BE FOO	NT?			NO	NO # TABLES NEI						
WILL THERE BE ALC	EVENT?				# CHAIRS NEED			•			
			☐ YE	S 🗆	NO			ONAL CHAR			
EXTRA EQUIPMENT				CROPHO				DARD/FLIPCHART			
Extra Fees Apply *NOT Available at Rotary F	☐ FULL STAGE* ☐ TV*				☐ PA SYSTEM*						
NOT Available at Rotary P		□ PROJECTOR □ BAF				☐ COFFEE/TEA CART* (SERVES 20) # CARTS					
		☐ SCREE	EN	□ PO	DIUM*		∐ L	ARGE CO	FFEE I	URN (SUPPLIE	S NOT PROVIDED)
☐ I agree that I have re	ad and understa	nd the LIAE	BILITY AN	ID INSU	RANCE RE	EQUII	REME	NTS on Pa	age 2	of this applica	ation.
☐ I agree that the infor	mation in this ap	plication i	n correct	and I f	ully under	rstan	d and	accept t	he Te	rms and Cond	itions herein.
☐ I agree that I have re	ad and understa	nd <u>CANCEL</u>	LATION	POLICY	outlined o	on Pa	ige 2 o	of this app	plicati	ion and agree	to the terms.
☐ Facility usage time is extra rental charges v	_	ree that if t	he facilit	ty is use	d more th	an 1	5 minı	utes befo	re or	after the boo	ked rental time,
Please email completed	application form	to: <u>indoor</u>	booking	<u>@camp</u>	bellriver.c	<u>ca.</u>					
DATE: SIGNATURE OF APPLICANT:											



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#### **Liability and Insurance Requirements:**

The City of Campbell River requires Comprehensive General Liability Insurance from applicants requesting the use of Municipal Property where ANY of the following apply;

- Alcohol is to be served.
- The number of participants exceeds one hundred & fifty (150) persons.
- The planned activity is considered by the City to be a higher risk in nature and likely result in injury to the participants, guests, spectators, or other users of the property this would include any sporting activity.

#### **The Minimum Liability Insurance Requirements are:**

- The policy must include: The City of Campbell River is to be listed on the policy as an additional insured.
- Cross Liability Clause/Severability of Interest.
- Comprehensive General Liability Policy of not less than \$2,000,000 (\$3,000,000 if alcohol is served). CGL protects against third party claims for bodily injury, death, or property damage.
- Property loss and property damage of not less than \$1,000,000.
- Renter is responsible for security at their event.

Proof of required liability insurance must be submitted to the Community Centre or Sportsplex a minimum of 2 weeks prior to the event.

### **Cancellation Policy**

To cancel a booking, groups must notify the Recreation office during regular business hours and at least 72 hours prior to their scheduled event. Cancellation of events, where a security deposit has been taken are subject to a \$50 fee. The security deposits for these events are non-refundable if 72 hours notice has not been given.

#### **Freedom of Information**

The City of Campbell River is collecting this personal information pursuant to s.26 of the Freedom of Information and Protection of Privacy Act, for the following purpose: 26(c) - the information relates directly to and is necessary for a program or activity of the public body. If you have any questions about this collection of personal information, please contact the City's Privacy Head at foippa@campbellriver.ca or 250-286-5700.