

Credit Union Rec Complex

Request for Facility Rental

Organization _____

Contact Name _____

Address _____

Phone _____ **E-Mail** _____

Type of Activity _____

Time requested –if possible offer 3 choices

Time(s) _____

Dates(s) _____

Time (s) _____

Dates(s) _____

Time(s) _____

Dates(s) _____

Reservation agreement: The below signature affirms that I understand I am responsible for lost, stolen, and or damaged equipment and the conduct of the reserving group. I understand that I must abide by all rules, regulations, policies, and procedures as they apply to my reservation rental. A security deposit will be required upon signing of contract.

Applicant: _____ Date _____

Return completed form to:

Or submit electronically:

P.O. Box 144; Kentville, N.S.; B4N-3W4
678-2426 fax 678-3602

Office use only:

Date Received _____

Time approved for

