Ucluelet Recreation Department Facility Rental Request

Name _____ Date _____

Phone _____ Email _____

Mailing Address _____

_____

Organization _____

Rental Date: _____ Start Time _____ Finish Time _____

Facility Type: _____

Rental use: _____

_____

Number of Participants _____ Set up & breakdown time _____

Additional Requests

_____

_____

Wifi access required?	Yes		No	
Arranging Caterer delivery?	Yes		No	
Liquor permit required?	Yes		No	

Payment is required to finalize the facility booking.

Signature _____

Notes

_____

_____

_____

_____

All requests are subject to availability

We appreciate your patience while we process your request!