

Selkirk Community Arts Centre Inc Facility Use Proposal

Name of Contact Person: _____

Mailing Address: _____

E-mail: _____

Home phone: _____

Cell phone: _____

Proposed event: _____

Proposed Dates (please provide 2-3);

First Choice: _____

Second Choice: _____

Third Choice: _____

Min/Max # of Participants: _____

Proposed cost to participants: _____

Supply cost (if any): _____

Will Food Service facilities be required? (Please note that all foods must be cooked off site)

yes

no

Space Preference (please check one): Main Gallery area (max. 30 people)

Spark Space (can accommodate 5-6 participants)

TYPE OF EVENT

Workshop

Lecture

Concert

Social Activity (e.g. Reception, family reunion, tea party etc.)

Business meeting

Other (please specify)

Facilitator signature (by emailing this electronic form to the co-ordinator you agree to the above terms)

Signature _____ Date _____

Selkirk Community Arts Centre will communicate with the person named in this form, within 21 days, of receipt, to confirm the event and date requested.