

**Selkirk Community Arts Centre Inc.
Facility Use Request**

Name of person requesting facility: _____

Mailing Address: _____

Email: _____

Phone: (c) _____ (h) _____

Type of proposed event or workshop: _____

Requested date (please provide 2-3)

First choice: _____ Time: _____

Second choice: _____ Time: _____

Third choice: _____ Time: _____

Min/Max # participants: _____

Proposed cost to participants: _____

Supply cost (if any): _____

Will food service facilities be required? (Note: all food must be prepared off site)

yes no

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

Spark Space (max 5-6 people)

Other space

TYPE OF EVENT:

Workshop

Event

Concert

Social Activity (i.e. reception, reading, private function)

Business meeting

Other (please specify) _____

Proposed User signature; _____ Date: _____

Selkirk Community Arts Centre will communicate with the person requesting the facility within 21 days of receipt by SCAC to confirm availability of date and time requested.