



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

Name of person (organization) requesting facility: _____

Mailing address: _____

Email: _____

Phone: (c) _____ (h) _____

Type of proposed event or workshop: _____

Requested date: _____ Time: _____

Min/Max # participants: _____

Proposed cost to participants: _____

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

yes no

Space Preference (please check one): Main Gallery

Clay Studio

Spark Space

Furnace Room

Other space (e.g., parking lot)

TYPE OF EVENT:

Workshop

Event

Concert

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

Business meeting

Other (please specify) _____

User signature: _____ Date: _____