



**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: \_\_\_\_\_ 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 (max 30 people)  
 Spark Space ( max 5-6 people)  
 Other space (e.g., parking)

**TYPE OF EVENT:**

- Workshop
- Event
- Concert
- Social Activity (i.e. reception, reading, private function)
- Business meeting
- Other (please specify) \_\_\_\_\_

User signature: \_\_\_\_\_ Date: \_\_\_\_\_