



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Facility Users Application

Part 1:

Name of Facility: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____

Title: _____ Tel: _____ Cell: _____

Fax: _____ E-Mail: _____

Membership: _____ Associate Membership: _____

Part 2:

Does your facility own, operate or participate in any of the following?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Community Hall | <input type="checkbox"/> Skating Rink | <input type="checkbox"/> Wall Climbing |
| <input type="checkbox"/> Curling Rink | <input type="checkbox"/> RV Parks | <input type="checkbox"/> Zip Lines |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Theatres | <input type="checkbox"/> Skateboard/Bike Park |
| <input type="checkbox"/> Drop-In Center | <input type="checkbox"/> Youth Groups | <input type="checkbox"/> Child Care
Centre/Play School |
| <input type="checkbox"/> Neighbourhood Watch | <input type="checkbox"/> Playground | |
| <input type="checkbox"/> Other | | |

For any of the items above you have indicated Yes, please advise if the activity is 100% operated by the facility or if this is a co-sponsored program with the city, municipality or others who are providing insurance.

Event	% of Facility Sponsorship	% & Co-sponsors name	If co-sponsored has the third party Confirmation of Insurance
_____	_____	_____	___Y ___N
_____	_____	_____	___Y ___N
_____	_____	_____	___Y ___N
_____	_____	_____	___Y ___N

Part 3:

Hall Rental

Annual Revenue from Hall Rental: _____

- 1.) Do you have a standard rental agreement? ___Y ___N
- 2.) Do you receive a damage deposit? ___Y ___N
- 3.) Do you require third party to provide Liquor Coverage? ___Y ___N
- 4.) Do you provide bartending? ___Y ___N
- 5.) Do you have written procedures for serving alcohol? ___Y ___N
- 6.) Do you require confirmation of insurance from Third Parties? ___Y ___N
- 7.) Do you provide security services? ___Y ___N

If yes, please describe any written procedure _____

- ___ Catering - internal Is alcohol served? ___Y ___N
- ___ Catering - external Is alcohol served? ___Y ___N

Does your facility co-ordinate or participate in any of the following special events?

- ___ Beer Gardens ___ Fireworks ___ Midway Rides
- ___ Farmers Market ___ Sports Tournaments ___ Carnivals
- ___ Tours or Tour Groups

For any of the above where you have answered yes, please advise:

Special Event:	Estimated Number Of Participants	Facility Sponsored	Third Party Sponsored	If Third Party have provided Confirmation Of Insurance?	Is Alcohol served
_____	_____	___Y ___N	___Y ___N	___Y ___N	___Y ___N
_____	_____	___Y ___N	___Y ___N	___Y ___N	___Y ___N
_____	_____	___Y ___N	___Y ___N	___Y ___N	___Y ___N
_____	_____	___Y ___N	___Y ___N	___Y ___N	___Y ___N

Please give a brief description of the various sports groups (baseball, hockey, soccer, etc.) in your facility where not insured by Provincial Sports Association:

Sport:	Total number of Participants
_____	_____
_____	_____
_____	_____
_____	_____

Part 5:

Please complete the following or provide a copy of your most current audited financial statement

1. Annual Revenue \$_____
2. Annual Expenditures _____
3. Number of persons who handle cash
(incl. directors, officers, volunteers and staff) _____
4. Number of signatures required on cheques _____
5. Do you allow for pre-signed cheques? ___Y ___N
If yes, number on hand _____
6. Is an annual audit performed? ___Y ___N ___internal ___external
7. Maximum amount of cash on hand \$_____ ___Y ___N

Part 6:

Please complete the following information or provide a copy of your current insurance documents

1. During the last five (5) years, have you ever had a claim or an incident that could lead to a claim?
If yes, please provide details _____

Authorized Signature

Date

Print Name & Title