



Salmon Arm Recreation

2600 - 10th Ave. NE - Salmon Arm, BC V1E2S4 250.832.4044 ext 207 -
rscott@salmonarmrecreation.ca

Auditorium/Meeting Room Rental Request Form

Event: _____

Representative: _____

Mailing Address: _____

Postal Code: _____ Email: _____

Telephone: _____

Date Requested _____

Facility

Start and End Time _____

Extras

Purpose of Rental:

How many people are expect at your event: _____

Insurance

Third party liability insurance is required when renting the Auditorium/Gym It must be \$2 million liability and state the City of Salmon Arm and the Shuswap Recreation Society as additional insured on the Certificate of Insurance.

Bookings

Rooms are not booked until contract is signed, and the deposit and insurance are received. This is a request form use only.

PLEASE EMAIL THIS COMPLETED FORM TO rscott@salmonarmrecreation.ca

Office Use Only

Date Rec'd: _____

Time _____