

CAMPBELL RIVER CURLING CLUB
260 CEDAR STREET
CAMPBELL RIVER, BC
V9W 2V2
250-287-4200
crcurl@shaw.ca

APPLICATION FOR RENTAL OF CURLING CLUB FACILITIES

Name & Address

Business Operating Name: _____

Mailing Address: _____

Postal Code: _____ Phone: _____ Fax: _____

Contact Information

Name: _____

Mailing Address: _____

Postal Code: _____ Phone: _____ Cell: _____

Booking Information

Date Requested: _____ Time: _____

Estimated Number of People to Attend Event: _____

Room(s)/Area Requested;

Boardroom Multi-Purpose Area (downstairs) Upstairs Area Ice

Services Required: _____

Set-Up Information: _____

Deposit

- A refundable deposit of \$200.00 is required to confirm booking. Cancellations less than 60 days will result in the loss of the booking deposit.
- Balance to be Paid in Full Prior to the Event.
- Deposit Received: Yes No

Signature of User: _____ Date: _____

Signature of CCRC Manager: _____ Date: _____