

Required fields are denoted with *



Sport Box Seasonal Booking Request Form

CONTACT INFORMATION *(of individual submitting request)*

Name*: _____ Phone Number*: _____

Email*: _____

If booking on behalf of an organization:*

ORGANIZATION / GROUP INFORMATION

Organization / Group Name: _____

Name of Person with Signing Authority *(for naming on contract)*: _____

Organization Phone: _____ Organization Email: _____

Organization Address *(if billing and shipping addresses differ, please provide both)*:

What type of organization or group are you?*

- Organized Youth Group/Association/League** - Non-profit user group offering supervised, structured activity involving skill development for ages 0-18 years. Membership must be solicited through an open public registration.
- Organized Adult Group/Association/League** - Non-profit user group offering structured activity and whose majority of members are over 18 years of age. Membership must be solicited through an open public registration.
- Private Individual/Community Group** - Non-profit user group or individual offering supervised, structured activity for members of an affiliated organization, without an open public registration process.
- Commercial Youth Group** - For-profit user group offering supervised, structured activity involving skill development for ages 0-18 years.
- Commercial Adult Group** - For-profit user group offering structured activity and whose majority of participants are over 18 years of age.
- Other:** _____
- Unsure**

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How many members did your organization or group have last year?* _____

Do you anticipate your membership increasing, decreasing or not changing – and why?*

What percentage of your membership are residents of the Saanich Peninsula?*

(Saanich Peninsula includes the District of North Saanich, Town of Sidney, District of Central Saanich, and BOKÉĆEN (Pauquachin), SÁUTW (Tsawout), WJOLELP (Tsartlip) and WSIKEM (Tseycum) First Nations.)

Does your organization or group primarily serve or represent a marginalized or equity-deserving community?*

When did your organization or group last rent Sport Box facility time?

If last season, :

- **Total hours per week last season:** _____
- **Were you satisfied with total hours per week overall?**

Required fields are denoted with *

REQUEST DETAILS

Organization / Group Name: _____

Notes: One line per unique timeslot. All timeslots assumed to repeat weekly unless otherwise specified.

If you are submitting a large, multi-timeslot request (for which there are insufficient rows below), please feel free to submit in a separate Word or Excel format. If you do, please ensure requested fields are included – and that other elements of this form are completed and submitted alongside.

	Day of Week *	Start Date*	End Date*	Exclusion Date(s)	First Choice Start Time*	Second Choice Start Time*	Third Choice Start Time	Timeslot Purpose	Minimum Viable Session Duration*	Ideal Session Duration	Notes
Timeslot 1											
Timeslot 2											
Timeslot 3											
Timeslot 4											

Other comments (Please do not disclose any personal information of yourself or others that is not directly pertinent or required for consideration of this facility request.):

Any personal information is collected by the Capital Regional District (CRD) under Section 26 (c) and (e) of the Freedom of Information and Protection of Privacy Act and will be used for the purpose of reviewing and executing the seasonal booking request for the requested facility. Should you have questions about the collection of this information, please contact: Katherine Beck, Manager of Program Services | (250) 655-2174 | kbeck@panoramarec.bc.ca