

Neighbourhood Learning Centre Room Rental Application

Name of Applicant:	
Phone:	Email:
Individual/Not for Profit/Organization:	
Address:	
Purpose of Rental:	
Requested Day of Week and Time:	
Start Time:	End Time:
Number of People:	Number of Tables:
Number of Chairs:	
Please check what is required for presenta	itions:
TV Podium Microphone Fli	p Chart Projector Screen
Whiteboard Other:	
Guest Speakers Name:	
Organization:	
Topic of Speech:	
How are you advertising the event?	
Set up Details: For example: Conference style; cl	lassroom style; theatre style; horseshoe; square, circle
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Note: Renters are required to bring their own laptop and mac adapters if applicable.

APPLICATION DROP-OFF LOCATION:

Oak Bay Recreation Centre Phone: 250-595-7746 1975 Bee Street, Victoria BC

RENTAL INFORMATION:

Meghan Roberts, Community Recreation Programmer Phone: 250-370-7902 email: mroberts@oakbay.ca