

## Visitor Centre Booking Request Form

Please send completed form to <u>visitorcentre@comoxvalleyrd.ca</u>.

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Organization				
Name:				
Contact:				
<b>Contact Title:</b>				
Phone Number	er:			
Email:				
Invoice Address:				
Address:				
City:			Province:	
Postal Code:				
Meeting Informa	ation:			
Reason for Re	ntal:			
Number of At	tende	es:		
Date:			Time:	
Facility Area:				

## **Hours**

The Visitor Centre will be available for rent during regular operating hours and may be available for rent outside of regular operating hours, subject to additional fees on a cost recovery basis and as determined by the CVRD.

Operating Hours:	Tuesday to Saturday, 9:30 am to 4:30 pm.		
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