

Hub Learning Place Request Form

Today's Date _____

Organization: _____ Contact Person: _____

Address: _____ City: _____

Postal Code: _____

Contact Phone Number: _____ Contact email address: _____

Has your agency/group ran a program out of the Hub Learning Place previously?

Yes

No

Is your group a registered non-profit society?

Yes

No

Please select the period requested:

Fall (September-December)

Winter (January-April)

Spring/Summer (May-August)

Requested Start Date:

Finish Date:

Day(s) of the Week: *1st Choice*

2nd Choice

Times Requested: *1st Choice* Start Time End Time:

2nd Choice Start Time End Time:

Activity/Purpose:

Insurance:

*Community agencies/groups must obtain and maintain Commercial General Liability insurance providing for death, bodily injury, property loss and damage, with a minimum limit of \$2,000,000 per occurrence and in the aggregate, throughout the term of this agreement.

Please check the box if the following applies:

Our program has insurance coverage under our agencies policy

Please return completed form to: info@cofh.ca