

SCHEDULE B

INSTRUCTIONAL PROGRAMS, FACILITY RENTALS AND EDUCATIONAL FIELD TRIPS

BETWEEN: West Island College Society of Alberta as represented by:

SCHOOL NAME AND ADDRESS _____

SCHOOL CONTACT PERSON: _____

AND The Governors of the University of Calgary as represented by:

UNIVERSITY OF CALGARY CONTACT PERSON: _____

UNIVERSITY OF CALGARY DEPARTMENT: _____

A. The above school wishes to use the following University services: (check the applicable