## **SCHEDULE B**

## INSTRUCTIONAL PROGRAMS, FACILITY RENTALS AND EDUCATIONAL FIELD TRIPS

BETW	EEN: West Island College Society of Alberta as represented by:
SCHO	OL NAME AND ADDRESS
SCHO	OL CONTACT PERSON:
AND 1	he Governors of the University of Calgary as represented by:
UNIVE	RSITY OF CALGARY CONTACT PERSON:
UNIVE	RSITY OF CALGARY DEPARTMENT:
A.	The above school wishes to use the following University services: (check the applicable