



OFFICE USE ONLY
Category: _____ Contract No.: _____

APPLICATION FOR THE USE OF SCHOOL FACILITIES

A separate application form is required per site for each September to June period.
NOTE: This application for the use of facilities must be received by the Permit Office no later than fifteen (15) working days prior to date(s) of use. All information must be provided on this application form or the processing of the permit will be delayed.

SECTION A: ORGANIZATION INFORMATION (PLEASE PRINT OR TYPE)

Organization Name: _____

Purpose of Function: _____

Organization Address: _____ Postal Code: _____

Billing Address (if different from above): _____ Postal Code: _____

Name of Applicant: _____ Telephone: Bus. () Res. ()

Fax No. () _____ E-mail address: _____

Back-up Contact Person: _____ Telephone: Bus. () Res. ()

SECTION B: BOOKING INFORMATION

CHOICE or BOTH	SCHOOL	DAY OF WEEK	DATE		BUILDING TIME (am/pm)		EVENT TIME (am/pm)	
			Start	Finish	Open	Close	Start	Finish
<input type="checkbox"/> First Choice or <input type="checkbox"/> Both needed								
<input type="checkbox"/> Second Choice or <input type="checkbox"/> Both needed								

Repetitive Event: YES NO Anticipated Attendance: _____

Sports Teams: Indicate whether the team is a Rep Team or a House League where applicable: Rep House

Facility Requested (✓) (Please note: Facilities may not be available at all schools)

Single Gym Outdoor Playing Field Auditorium Library

Double Gym Baseball Diamond Cafeteria(orium) Foyer

Triple Gym Soccer Pitch Classroom(s) (please specify how many and # if known) _____

Change Rooms Parking Lot Only Other (please specify) _____

Equipment Requested (✓) (Please note: Equipment may not be available at all schools)

Stage Lights Overhead Projector/Screen Tables (specify number) _____

Spot Lights PA system Chairs (specify number) _____

TV/VCR Piano Sports Equipment (please specify) _____

Other (please specify) _____

Services Requested (✓) (Please note: Services may not be available at all schools)

Electrician Student Technician Other (specify) _____

SECTION C: INCORPORATION/MEMBERSHIP INFORMATION

Please specify number of participants under the appropriate age group: Under 12 ___ 12-18 ___ 18-21 ___ over 21 ___

Please indicate the nature of your organization or group: (✓)

SCDSB (Account # _____)

Community/recreation (Attach membership list – with names, addresses, telephone numbers)

Other (specify) _____

SECTION D: MANDATORY ENCLOSURE – Copy of Liability Insurance Certificate naming SCDSB as Additional Insured

Request Purchase of Insurance through the SCDSB Permit Office.

NOTE: Submission of this application confirms the applicant's intention to book SCDSB facilities and assume responsibility of the associated costs. Personal information collected on this form is gathered under authority of Part II of the Municipal Freedom of Information and Protection of Privacy Act, 1989.

I acknowledge that I have read the conditions listed above and as noted on the reverse of this application, and agree to abide by the terms as stipulated.

Signature of Applicant

Date