

# Community Use of Schools Permit Application

## Organization Information

Organization Name: \_\_\_\_\_

BIN: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

Town: \_\_\_\_\_

Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Core activity of Organization: \_\_\_\_\_

Indicate whether Registered Charity, Non-share Corporation or Commercial business? \_\_\_\_\_

Name of President, Chair or Executive Director of Organization \_\_\_\_\_

## Applicant Information

Last Name of Applicant: \_\_\_\_\_

First Name of Applicant: \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_

Email: \_\_\_\_\_

Current address: \_\_\_\_\_

Town: \_\_\_\_\_

Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Position: \_\_\_\_\_

## Type of Event or Activity

Purpose for Permit Application: \_\_\_\_\_

Name of Activity or Event: \_\_\_\_\_

Is this Event a Fundraiser? (circle one)      Yes      No

# of Participants: \_\_\_\_\_

Target Age of Event: \_\_\_\_\_

Target Gender of Event: \_\_\_\_\_

Admission Fee \$ \_\_\_\_\_

Participation Fee \$ \_\_\_\_\_

Membership Fee \$ \_\_\_\_\_

## Risk and Liability Information

Name of Company Providing Certificate of Insurance (COI): \_\_\_\_\_

Policy Number: \_\_\_\_\_

COI Start Date: \_\_\_\_\_

COI Expiry Date: \_\_\_\_\_

Smart Serve Certificate #: \_\_\_\_\_

Liquor Licence Attached? (circle one)      Yes      No

**If no Certificate of Insurance is provided Facility User Group Program insurance is available to non-profit organizations and non-commercial individuals.**

Sporting Activity (indicate sport): \_\_\_\_\_

Special Event (indicate type): \_\_\_\_\_

Seminar or Meeting (indicate type): \_\_\_\_\_

## School Space Requested

Name of School: \_\_\_\_\_

Town: \_\_\_\_\_

Classroom: \_\_\_\_\_

Gymnasium: \_\_\_\_\_

Library: \_\_\_\_\_

Field: \_\_\_\_\_

Other: \_\_\_\_\_

Requested Start Date of Use: \_\_\_\_\_

Requested End Date of Use: \_\_\_\_\_

Indicate Requested Times:

THU: \_\_\_\_\_ to \_\_\_\_\_

Comments: \_\_\_\_\_

MON: \_\_\_\_\_ to \_\_\_\_\_

FRI: \_\_\_\_\_ to \_\_\_\_\_

TUE: \_\_\_\_\_ to \_\_\_\_\_

SAT: \_\_\_\_\_ to \_\_\_\_\_

WED: \_\_\_\_\_ to \_\_\_\_\_

SUN: \_\_\_\_\_ to \_\_\_\_\_

**I hereby declare that I have the authority to bind the organization named above and declare that we will abide by Board Policy and Regulations with respect to Community Use of Schools.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## Approvals (for School / Board Use only)

Room Assignment: \_\_\_\_\_

Insurance Fee: \_\_\_\_\_

Rental Fee: \_\_\_\_\_

Caretaker Fee: \_\_\_\_\_

Total Fee: \_\_\_\_\_

Key Deposit: \_\_\_\_\_

Security Deposit: \_\_\_\_\_

Comments and/or Special Instructions: \_\_\_\_\_

Signature of Principal (or Designate): \_\_\_\_\_

Date: \_\_\_\_\_