

Permit for Rental of School Facilities


 Not-For-Profit Group

 For-Profit Group

No.: _____ School: _____

Name of Organization _____

Name of Officer Applying _____

Address _____ City _____

Postal Code _____ Phone: Res. _____ Bus. _____

Nature of gathering _____

_____ No. of participants _____

Please complete the following section for either Profit Groups OR Non-Profit Groups:

<p>NOT-FOR-PROFIT GROUP <i>No Fee Collected</i> Additional Custodial Hours: _____</p> <p>Code: 40-000-117-000-1/4-CTR</p>	<p>PROFIT GROUP</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Rental Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Additional Custodial Hrs. _____ x rate/hour _____</td> <td style="text-align: right;">= \$ _____</td> </tr> <tr> <td colspan="2"><i>(Rate per hour as listed under Extraordinary Costs 5.2 C)</i></td> </tr> <tr> <td>Subtotal</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>HST on Subtotal @ 13%</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Due</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Rental Fee	\$ _____	Additional Custodial Hrs. _____ x rate/hour _____	= \$ _____	<i>(Rate per hour as listed under Extraordinary Costs 5.2 C)</i>		Subtotal	\$ _____	HST on Subtotal @ 13%	\$ _____	Total Due	\$ _____
Rental Fee	\$ _____												
Additional Custodial Hrs. _____ x rate/hour _____	= \$ _____												
<i>(Rate per hour as listed under Extraordinary Costs 5.2 C)</i>													
Subtotal	\$ _____												
HST on Subtotal @ 13%	\$ _____												
Total Due	\$ _____												

NOTE: A copy of the custodial time sheet for extra hours, if required, **must be attached to the Associate Director of Education copy** of the permit when it is sent in.

1. Please select the category(ies) that describes the age of the expected participants. (Check all that apply.)
 - Children 0-6
 - Children 7-12
 - Teens 13-18
 - Young Adults 19-24
 - Adults 25-64
 - Seniors 65+
 - No target age (i.e. there is a wide range in the ages of participants)

2. Please indicate the gender of your participants.
 - Female
 - Male
 - Both

3. Please select the category(ies) that describes the primary type of activity. (Check all that apply.) Please note the examples are not exhaustive.
 - Educational (e.g. homework help, reading clubs)
 - Parenting Support (e.g. new parent classes)
 - Sports and Recreational (e.g. basketball, yoga)
 - Health and Wellness (e.g. nutrition program, blood donation)
 - Child Care Programs
 - Arts and Cultural (e.g. community theatre, concerts)
 - Supports for Recent Immigrants
 - Social (e.g. bbq, meet and greet)
 - Community Services (e.g. employment aid)
 - Meetings (e.g. neighbourhood action)
 - Leadership (e.g. Scouts, Guides)
 - Aboriginal-focused Programs
 - Supports for Low-Income Communities
 - Other: please describe _____

DATE(S) AND TIME(S) REQUESTED:

DAY	DATE	TIME				HOURS
		From:	AM/PM	To:	AM/PM	
		From:	AM/PM	To:	AM/PM	
		From:	AM/PM	To:	AM/PM	
		From:	AM/PM	To:	AM/PM	
		From:	AM/PM	To:	AM/PM	
		From:	AM/PM	To:	AM/PM	

GYMNASIUM FACILITIES:

Gymnasium Double Gym Exercise Gym Equipment Required
Change Room(s)

AUDITORIUM FACILITIES:

Auditorium Dressing Rooms Lecture Theatre Other _____

SEE REVERSE FOR ADDITIONAL APPLICATION REQUIREMENTS FOR AUDITORIUM USE.

OTHER FACILITIES:

Cafeteria
of Classroom(s)

Kitchen
Lobby

EQUIPMENT REQUIRED:

Tables Microphone/Audio system
Chairs Time Required _____

OTHER _____ to _____

DATE ISSUED _____ APPLICANT _____

SCHOOL PRINCIPAL (Authorized Board official) _____

REGULATIONS:

- (a) Priority will be given to activities sponsored by the Board or extra-curricular activities sponsored by the school administration as part of the educational program (includes **Not-For-Profit** organizations as stipulated in *Appendix A*).
- (b) The Board reserves the right to cancel any permit should it be found necessary to use facilities for school purposes or if the conditions and responsibilities are not complied with.
- (c) Smoking is prohibited.
- (d) Alcoholic beverages shall not be permitted without permission from the Director of Education or designate.
- (e) Activities involving fireworks or other pyrotechnical devices shall not be permitted.
- (f) Activities involving the discharge of use of weapons shall not be permitted.
- (g) No permit shall be issued to anyone under 18 years of age.
- (h) A permit is not transferable and is not valid unless signed by an authorized Board official.

INSURANCE:

- (i) The Board shall not be responsible for personal injury, damage or loss of property.
- (j) Applicants shall be responsible for the conduct and supervision of all persons admitted to the School building and shall see that regulations are observed.
- (k) Applicant must provide proof of insurance of a minimum of \$2 million, naming the Board as additional insured.
- (l) Applicant accepts liability for all damages arising out of bodily injury sustained by persons under his charge and property damage done by persons under his charge or through the applicant's neglect.
- (m) Applicant waives all rights of action against the Board, and agrees to indemnify the Board from any actions or causes of actions against the Board taken by any person under his control.
- (n) In order to ensure adequate security, a daily inspection is to be made before vacating the premises at the end of each session.

PERMIT HOLDER RESPONSIBILITY:

- o) The fees, payable to the School, if applicable, are due immediately upon issuance of the permit.
- p) Only the facilities and equipment specified in the permit shall be used.

c.c. (1) School Office/Principal (2) Applicant (3) Associate Director of Education (4) Supervisor of Plant Operations