



SUDBURY CATHOLIC DISTRICT SCHOOL BOARD

165A D'YOUVILLE STREET, SUDBURY, ONTARIO P3C 5E7 tel. (705) 673-5620 fax (705) 673-8918
http://www.scdsb.edu.on.ca

APPLICATION FOR THE USE OF A SCHOOL FACILITY - 2009-2010

Please Allow a Minimum of Ten (10) Working Days Prior to Event Start Date for Permit Approval

ORGANIZATION: Name _____

Type - Non-Profit: Yes No Profit-Making: Yes No Fee Charged: Yes No

GROUP REPRESENTATIVE: Contact Name _____

Address _____ City _____ Postal Code _____

Daytime Phone _____ Evening Phone _____ Cellular Phone _____

Facsimile _____ E-Mail Address _____

EVENT: Title _____

Description _____

Number of Participants _____ Males Females Age Group: 1 to 5 6 to 13 14 to 18 Adults

Number of Adult Supervisors (for children's groups) - Males _____ Females _____

FOOD: Food Served: Yes No If yes: Catered/Purchased from Licensed Establishment Yes No
Prepared by Group Members/Other Individuals Yes No

INSURANCE: A Certificate of Insurance indicating the Sudbury Catholic District School Board as additional insured must accompany this application. Minimum \$1,000,000.00 limit of liability is required.
- or -

Group will purchase Insurance provided by OSBIE-Ontario School Boards' Insurance Exchange (Broker): Yes No
Please contact the Facility Services Department at extension 224, 214 or 412 for insurance premium information.

REQUEST for USE:

Location (School Name) - Option 1: _____ Option 2: _____

Space - Classroom(s) Cafeteria Gymnasium Library Grounds Other: _____

Day(s) of the Week - Monday Tuesday Wednesday Thursday Friday Saturday Sunday

SCHEDULE: Recurrence - Daily Weekly Monthly Other: _____

- or -
Specific Date(s) Only - insert date(s) _____

Event - Start Date _____ Event - End Date _____

Event - Start Time _____ Event - End Time _____

NOTE: Following application approval, a permit will be prepared and you will be contacted to schedule an appointment for signature and receipt of the permit. All applicable fees must be remitted prior to permit approval.

Signature of Applicant _____ Date _____

Please submit application to the Facility Services Dept. at above address or fax to 705-673-8918

BOARD USE ONLY:

School Availability / Qualifications - _____

Signature of Principal (or Designate) _____ Date _____

“SCHOOLS TO BELIEVE IN”