



# 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 - 2008-2009

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

**GROUP REPRESENTATIVE:** Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cellular Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**ORGANIZATION:** Name \_\_\_\_\_

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

**EVENT:** Description \_\_\_\_\_

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

No. Of Adult Supervisors (for children's groups) - Males \_\_\_\_\_ Females \_\_\_\_\_

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

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

Group will Purchase Insurance Provided by Pearson-Dunn Insurance (Broker): Yes  No

Please contact the Facility Services Department at extension 224, 412 or 214 SCDSB for insurance premium information.

**REQUEST: (please enter event information):**

Location (School Name) Option 1: \_\_\_\_\_ Option 2: \_\_\_\_\_

Space Required - Classroom(s)  Cafeteria  Gymnasium  Library  Grounds  Other: \_\_\_\_\_

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

Daily  Weekly  Monthly  Other \_\_\_\_\_

Specified Date Only (insert dates) \_\_\_\_\_

Event Begin Date \_\_\_\_\_ Event End Date \_\_\_\_\_

Event Begin Time \_\_\_\_\_ Event End Time \_\_\_\_\_

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

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 -**

Signature of Principal or Designate \_\_\_\_\_ Date \_\_\_\_\_

***"SCHOOLS TO BELIEVE IN"***