



APPLICATION FOR PERMIT

Toronto Catholic District School Board – Community Use of Schools Department

80 Sheppard Avenue East, Toronto, ON. M2N 6E8

Tel: 416.222-8282 Ext. 4370 Fax: 416.512.3426

Email: angela.dimondo@tcdsb.org

ALL INFORMATION MUST BE FULLY COMPLETED AND THIRD PARTY LIABILITY INSURANCE NAMING THE TCDSB AS AN ADDITIONAL INSURED MUST BE SUBMITTED

PLEASE PRINT

Organization/Group Name:

Address:

Telephone: Ext.: Fax: Email:

*Community User groups will be required to submit **payment in full** and a copy of their public liability insurance certificate prior to the issuance of a permit.

For use of Facility at:
(School Name)

Purpose of Meeting:

Please select the category (ies) that describes the primary type of activity. (Check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Educational (e.g. homework, help, reading clubs) | <input type="checkbox"/> Parenting Support (e.g. new parent classes) | <input type="checkbox"/> Sports & Recreational (e.g. basketball, yoga) |
| <input type="checkbox"/> Health & Wellness (e.g. nutrition program, blood donation) | <input type="checkbox"/> Child Care Program | <input type="checkbox"/> Supports for Recent Immigrants |
| <input type="checkbox"/> Social (e.g. BBQ., meet and greet) | <input type="checkbox"/> Community Services (e.g. employment aid) | <input type="checkbox"/> Supports for Low-income Communities |
| <input type="checkbox"/> Meetings (e.g. neighbourhood action) | <input type="checkbox"/> Leadership (e.g. Scouts, Guides) | <input type="checkbox"/> Aboriginal-focused Programs |
| <input type="checkbox"/> Arts & Cultural (e.g. community theatre, concerts) | <input type="checkbox"/> Other: Please describe _____ | |

Name of person(s) to be in authority: Elected Official

Gender: (please check one) Female Male Both **Total Attendance:**

Age of Participants: (please check one) 0-6 7-12 13-18 19-24 25-64 65+ (Including spectators, performers, players, coaches, etc.)

THE TIMES INSERTED BELOW ARE THE TIMES OF ADMISSION TO THE BUILDING AND THE LATEST TIME THE BUILDING IS TO BE VACATED.

Dates: **Times:**

(From) (To) (From) (To)

Days of the week preferred: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Accommodation Required: GYMNASIUM LIBRARY STAFF ROOM AUDITORIUM CLASSROOM - HOW MANY?
 CAFETERIA PARKING LOT LUNCH ROOM FIELD OTHER:

Will Admission or Tuition fees be charged? NO YES **Price:** **No. of chairs required:**

Will refreshments be served? NO YES *If yes, a designated food area must be booked. Light refreshments only are permitted.*

USE OF ANY SCHOOL EQUIPMENT MUST BE APPROVED BY THE PRINCIPAL.

Name of Applicant: (please print)

Telephone: Ext: Fax:

(Business) (Home)

Email address: Cell:

Special Request or Comment:

THE APPLICANT ACKNOWLEDGES, ACCEPTS AND WILL ABIDE BY ALL RULES, REGULATIONS AND RATES PERTAINING TO PERMITS AS PRINTED ON REVERSE SIDE OF THIS APPLICATION.

.....
Date of Application

.....
Signature of Applicant

PLEASE SEND ORIGINAL OF THIS APPLICATION WITH PAYMENT TO COMMUNITY USE OF SCHOOLS DEPARTMENT.