APPENDIX C - APPLICATION FOR PERMIT

TCDSB – Community Use of Schools Department
80 Sheppard Avenue East, Toronto, ON. M2N 6E8
Tel: 416.222-8282 Ext. 4370 Fax: 416.512.3426
Email: ***NewPermitBookingResponse@tcdsb.org***

ALL INFORMATION MUST BE FULLY COMPLETED

Organization/Group Name: .....

Name of Applicant: …….
(must be 18 years of age or older)

Address: ....

Telephone: ……..…… **Ext.:** ….. ~~**Fax:** ……~~ **Email:** ……

PERMIT APPLICANT/S MUST SUBMIT THE FOLLOWING PRIOR TO PERMIT APPROVAL:
1) Public Liability Insurance Certificate naming the Toronto Catholic District School Board (TCDSB) AS AN ADDITIONAL INSURED.
2) CREDIT CARD payment authorization.

For use of Facility at: ..... .
(Please specify the name of the School you wish to permit)

Purpose of Meeting: ..... .

Please select the category that best describes the primary type of activity.

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

Name of person(s) to be in authority *(must be 18 years of age or older)*: ……☐ 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.

Start Date: ..... **End Date**: ..... …… **Start Time:** ..... **End Time**: .....
(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:** ....

*****CAFETERIA & AUDITORIUM – ADDITIONAL COSTS MAY APPLY.***
***** USE OF ANY SCHOOL EQUIPMENT MUST BE APPROVED BY THE PRINCIPAL.***

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

Will refreshments be served? ☐ **NO** ☐ **YES** *If yes, a designated food area must be booked. Light refreshments only are permitted.*
Special request or Comment: _____
_____

THE APPLICANT ACKNOWLEDGES, ACCEPTS AND WILL ABIDE BY ALL RULES, REGULATIONS AND RATES PERTAINING TO PERMITS AS AGREED BELOW. FAILURE TO COMPLY WITH THESE RULES & REGULATIONS CAN RESULT IN CANCELLATION OF THE PERMIT.

_____ _____
Date of Application **Signature of Applicant**