COMMUNITY USE OF SCHOOLS

CATEGORY B2 YOUTH SPORTS ORGANIZATIONS FEE REDUCTION FORM

Location: _____

Organization
Name & address: _____

_____

Permits Department Administrator
Review/Approval: _____

Copy of Permit and Statement of Account Attached: ☐ YES ☐ NO

Supporting Documentation
Checked by: _____

- Letters Patent ☐
- Audited Fiscal Financial Statement ☐
- Affidavit from Executive Director or Designate Confirming Not-For-Profit Status ☐
- List of postal codes and age of participants ☐
- Percentage of TCDSB students in the program ☐

Recommended for Signature: _____ _____
Michael Loberto Date:

Approved for Signature: _____ _____
Paul De Cock Date:

OR

_____ _____
Business Services Designate Date:

SPECIAL INSTRUCTIONS:

Please return to the attention of Angela DiMondo, angela.dimondo@tcdsb.org, 416.222.8282 x2300