



## 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

T2 Return Form and Unaudited Financial Statement

Notice of Assessment

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](mailto:angela.dimondo@tcdsb.org), 416.222.8282 x2300