

USE OF SCHOOL FACILITIES AGREEMENT

\*School requested \_\_\_\_\_ \*Date \_\_\_\_\_

\*Organization Name \_\_\_\_\_ \*Organization Address \_\_\_\_\_

\*Person Responsible \_\_\_\_\_ \*Person Responsible Address \_\_\_\_\_

\*Postal Code \_\_\_\_\_ \*Telephone No. \_\_\_\_\_

\*Email Address \_\_\_\_\_ \*Fax No. \_\_\_\_\_

\*Requirements (facilities/equipment if any) \_\_\_\_\_ \*Date(s) required \_\_\_\_\_

North Gym \$ \_\_\_\_\_  Laboratories \$ \_\_\_\_\_

South Gym \$ \_\_\_\_\_

Classroom \$ \_\_\_\_\_  Food Lab \$ \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Shops \$ \_\_\_\_\_  Cafeteria \$ \_\_\_\_\_ Participants Fee: \_\_\_\_\_

Washrooms  Stage Purpose/Activity: \_\_\_\_\_

Showers  Custodian \$ \_\_\_\_\_

Costs \_\_\_\_\_

Equipment: (specify) \_\_\_\_\_

Other: (specify) \_\_\_\_\_

If no fee, please specify reason: \_\_\_\_\_

**Please fill in all information with a red \* otherwise your request will not be processed.**

\_\_\_\_\_  
User's Name / Telephone Division Approval – Name

\_\_\_\_\_  
User Signature Division Approval – Signature

School Use Only (After Use of Facilities)

Custodian (on duty) \_\_\_\_\_

Extra Custodial cost: \_\_\_\_\_ hrs @ \_\_\_\_\_ - \_\_\_\_\_

Damage (if any) \_\_\_\_\_

Estimate cost of repair or replacement \_\_\_\_\_

Comments/Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal's Signature