



Use of Facilities Permit
Administrative Procedure 4.20B

Date: _____

School Requested: _____ One time or ongoing use: _____

Purpose _____ Date(s) Required: _____ Time: _____

- This application is for: Name of program
- School or divisional program/event: _____
 - Community nonprofit (educational); OR,
REC Commission event/program _____
 - Community nonprofit group i.e. sports teams,
horticultural, charitable organizations _____
 - Private individual (charging participant) or
community group (commercial or political) _____

Applicant/Person Responsible: _____ Title: _____

Phone Number: (Home/ Cell): _____ (Office) _____

Additional supervising adults: _____ Title: _____

Phone Number: (Home/ Cell): _____ (Office) _____

Additional supervising adults: _____ Title: _____

Phone Number: (Home/ Cell): _____ (Office) _____

- FACILITIES REQUIRED:** Auditorium Multi-Purpose Room Library
 Classroom Gymnasium Change Rooms Grounds
 Kitchen Tables # _____ Chairs # _____

Special Equipment (please list)

Expected Attendance: _____ Admission / Fees charged to participants _____

**Proof of \$5 million Liability Insurance (must be attached) if not with Rec Commission.
Evergreen School Division must be listed as an additional insured. Liability insurance can be
obtained through the Division’s insurer. Please e-mail Ron.Moore@esd.ca for assistance.**

Please note that fees will be applicable in keeping with administrative procedure 4.20 Use of
Facilities. Arrangements for payment to be made prior to the effective date of the permit.

I have read and accept 4.20A: Use of Facilities Conditions which have been shared with me. I will abide by the conditions stated and I assume responsibility for any damages to the property or equipment incurred during the times stated on this permit.

Name (printed) _____ Signature of Applicant _____

For Recreation Commission only

Name of person who will open and lock up facility. _____

Phone number _____

APPROVAL by _____

Date: _____

FEE STRUCTURE

Classroom Space (Admin. Cost) _____

Auditorium/Gym _____ Hours @ _____ /Hour = _____

Caretaking Cost _____ Hours @ _____ /Hour = _____

Sub Total:

Equipment Costs:

Total Fees: