

Evergreen School Division
4.20 B: Use of Facilities Permit



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 4.20 A: 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.

I have read and accept the Health Measures which have been shared with me. I assume responsibility for compliance with these measures and understand that failure to comply will result in my permit being revoked for the remainder of the school year. I assume responsibility for compliance with any and all Public Health Measures that pertain to the event I am planning.

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: _____