

APPLICATION FORM FOR THE USE OF SCHOOL SPACE

Organization: _____

Address (in full): _____

Phone/Fax: Person in charge: _____

Room/space requirements* :

Gym Kitchen Library Cafeteria Atrium

Classroom Identify which ones will be used _____

A fee of \$40/ space rented will be charged at the end of your rental. (Reference: DA554, article 6.1)

École du Sommet École Voyageur École Sainte-Catherine

École des Beaux-Lacs École Beauséjour

Function for which the room is required: _____

The function/activity is in French and includes or directly addresses the CSCE school community.

Number of people who will attend: _____

Date(s) Requested:	Opening hours:	Closing time:

Comments:

TO BE COMPLETED BY THE TENANT

1. Is this an alcoholic beverage event? Yes No
Do you have a license? Include a copy. Yes No
2. Is it a league? Yes No
3. Is it a sport? Yes No With contact? Yes No
Name of the sport _____
4. Martial arts? Yes No With contact? Yes No
5. Is it a for-profit business? Yes No
6. Do you have liability insurance? Yes No

7. Person responsible for security provided by tenant? Yes Name No
the person responsible for security below:

Name: _____ First name: _____ Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell: _____ Age _____

8. *The premises must be in the same condition as when you took possession of them. If during your stay there is any damage to the premises, you will be charged for the full amount of the repairs.*

9. Other equipment required:

Flooring \$50/day of use plus \$160 installation fee.

Chairs Number : _____ Tables Number: _____

Sound system Projector

Portable Piano Scene

Use of the sports equipment

I have read, understand, agree and undertake to abide by the rules of this rental agreement. I also acknowledge that I have an obligation to hold the Board of Education harmless from any loss, debt, or legal action resulting from the activities held on its premises. I declare that to the best of my knowledge the above information is accurate.

Date

Signature of the person responsible for the rental

For use by management

I recommend the rental

No, I do not recommend the rental

Rental fee to be charged :

of spaces used _____ X \$ = _____

Discount : _____

other rental fee(s) : _____

TOTAL EXPENSES

Date

Signature of Principal

***If the activity or function is in French and includes or directly involves the CSCE school community, the organization may be eligible for a discount or waiver of rental fees upon special request to the Executive Director.**

TO BE COMPLETED BY THE TREASURER OR HER DELEGATE :

The application is: Accepted Refused

Comments:

Date

Signature of Treasurer or Delegate