



APPLICATION FOR PERMIT

TCDSB – Community Use of Schools Department

80 Sheppard Avenue East, Toronto, ON. M2N 6E8

Tel: 416.222-8282 Ext. 4370 Fax: 416.512.3426

Email: NewPermitBookingResponse@tcdsb.org

ALL INFORMATION MUST BE FULLY COMPLETED AND SIGNED.

PLEASE PRINT

Organization/Group Name:

Name of Applicant:

Address:

Telephone: Ext.: Fax: Email:

PERMIT APPLICANT/S MUST SUBMIT THE FOLLOWING PRIOR TO PERMIT APPROVAL:

1) Public Liability Insurance Certificate naming the Toronto Catholic District School Board (TCDSB) AS AN ADDITIONAL INSURED.

2) CREDIT CARD payment authorization.

For use of Facility at:
(Please specify the name of the School you wish to permit)

Purpose of Meeting:

Please select the category that best describes the primary type of activity.

- Educational (e.g. homework, help, reading clubs)
- Parenting Support (e.g. new parent classes)
- Sports & Recreational (e.g. basketball, yoga)
- Health & Wellness (e.g. nutrition program, blood donation)
- Child Care Program
- Supports for Recent Immigrants
- Social (e.g. BBQ., meet and greet)
- Community Services (e.g. employment aid)
- Supports for Low-income Communities
- Meetings (e.g. neighbour action)
- Leadership (e.g. Scouts, Guides)
- Aboriginal-focused Programs
- Arts & Cultural (e.g. community theatre, concerts)
- Other: Please describe _____

Name of person(s) to be in authority: Elected Official

Gender: (please check one) Female Male Both

Total Attendance:

Age of Participants: (please check one) 0-6 7-12 13-18 19-24 25-64 65+ (Including spectators, performers, players, coaches, etc.)

THE TIMES INSERTED BELOW ARE THE TIMES OF ADMISSION TO THE BUILDING AND THE LATEST TIME THE BUILDING IS TO BE VACATED.

Start Date: End Date: Start Time: End Time:
(From) (To) (From) (To)

Days of the week preferred: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Accommodation Required: GYMNASIUM LIBRARY STAFF ROOM AUDITORIUM CLASSROOM - HOW MANY?
 CAFETERIA PARKING LOT LUNCH ROOM FIELD OTHER:

** CAFETERIA & AUDITORIUM – ADDITIONAL COSTS MAY APPLY.

** USE OF ANY SCHOOL EQUIPMENT MUST BE APPROVED BY THE PRINCIPAL.

Will Admission or Tuition fees be charged? NO YES Price: No. of chairs required: No. of tables required:

Will refreshments be served? NO YES If yes, a designated food area must be booked. Light refreshments only are permitted.

Special request or Comment:

THE APPLICANT ACKNOWLEDGES, ACCEPTS AND WILL ABIDE BY ALL RULES, REGULATIONS AND RATES PERTAINING TO PERMITS AS PRINTED ON REVERSE SIDE OF THIS APPLICATION ►►

_____ Date of Application _____ Signature of Applicant _____