



# 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](mailto: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 \_\_\_\_\_