

SCHOOL FACILITIES RENTAL USAGE FORM

APPLICATION TO RENT FACILITIES			
Licensee:			
Contact Person:			
Address:			
Postal Code:	Phone:	Fax:	
Alternate Contact:		Phone:	
To Use: (Name of School)			
Joint Use Facilities-Schools are: Meath Park Public, East Central Public, Osborne Public, West Central and Wild Rose Public			
Event:			
Number of Participants:			
Facility/Rooms Required	Dates	Day of Week	Access Times
Specific Needs:			

CHARGES	
Rental Category (See Rental Fee Structure):	
A. Key Deposit (\$50.00)	
B. Exempt Groups (exemption applies if 50% or more of group consists of SRPSD students)	
C. Community Based Sports, Recreation and Culture	
D. Other Groups or Individuals	
Other Charges:	
Security	
Caretaker Fees	
Other Charges (Specify)	
SUB-TOTAL	
G.S.T.	
TOTAL	

Signature of Licensee: _____ Date: _____

Approved: Yes No

Copy of Liability Insurance Coverage on File: Yes No
If no, Licensee may obtain liability insurance through
<http://ssba.instantriskcoverage.com/>

Principal Approval: _____ Date: _____

Copy: 1) ___Applicant 2) ___School Office 3) ___Caretaker 4) ___Education Centre

Date: _____