

Request for Permit Use of Board Property

Instructions: Allow 15 business days or 3 weeks for processing. Form to be submitted with proof of liability insurance coverage adding Halton District School Board as additional insured. Insurance must match Applicant or Organization details. Return the completed form by fax to the following Rental Coordinators: Karen Stanford, Milton and Oakville schools, or Coleen Dachuk, Burlington and Halton Hills schools.

FOR BOARD USE ONLY		Rental Number:		Insurance Fee:	
(PLEASE PRINT)					
SECTION A: NAME OF APPLICANT					
Last Name:		First Name:		Middle Initial:	
Street No.:	Street Name:	Unit No.:	City:	Postal Code:	
Phone:	Cell:	Fax:	E-mail:		
SECTION B: ORGANIZATION					
Organization Name:			Contact Name:		
Street No.:	Street Name:	Unit No.:	City:	Postal Code:	
Phone:	Cell:	Fax:	E-mail:		
Are you a Non-Profit organization? (circle one) YES NO			Letter Patent (attached) <input type="checkbox"/> or Charitable Reg'n No.: <input style="width: 100px;" type="text"/>		
SECTION C: DATE OF USE					
Start Date: (dd/mm/yyyy)		End Date: (dd/mm/yyyy)		Entry Time: (am/pm)	Exit Time: (am/pm)
Preferred Day of the Week: (circle applicable) M T W T F S S					Estimated Attendance:
SECTION D: SCHOOL/PROPERTY					
School/ Property Requested:					
SECTION E: PURPOSE OF USE					
State purpose of this event and for the use of the school.					
SECTION F: FACILITIES & EQUIPMENT REQUESTED (X) FACILITIES MAY NOT BE AVAILABLE AT ALL SCHOOLS					
Auditorium	Classroom(s) #	Showers		Other (Specify)	
Studio Theatre	Staff Room	Cafeteria			
Gym-Single	Library	Kitchen		Serving Foods (Specify)	
Gym-Double	Mall/Concourse	Parking Lot			
Chairs	Tables	Score Clock	Bleachers	Hockey Nets	
Volleyball Poles	Other Needs:		Additional custodial charges may apply for set up.		
SECTION G: EQUIPMENT REQUESTED (X) MUST BE PROCESSED THROUGH SCHOOL					
A/V Equipment:		No. of Student Techs:		Other Needs:	
SECTION H: INSURANCE					
Currently have own liability insurance coverage (MINIMUM \$2M REQUIRED), circle one:			YES	NO	
Wish to purchase liability insurance through the Halton District School Board, circle one:			YES	NO	
If YES, please complete:		Number of Participants:		Specific Type of Activity:	
SECTION I: AUTHORIZATION					
I accept responsibility for damage and/or injuries to any person(s) and to any damage to HDSB premises and/or equipment arising from use of HDSB property. Furthermore, I accept responsibility for all costs incurred and have read and will comply with all the provisions of the Conditions of Use.					
Applicant Name:		Applicants Signature:		Date (dd/mm/yyyy)	
IF RENTAL WILL BE PAID BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:					
Visa/Mastercard No.:		Expiry Date (mm/yy)		Name on Card:	
Signature of Cardholder:			E-mail address (complete if receipt required):		
Amendments to rental agreement to be charged to the above credit card? (circle one) Yes/No If yes, cardholder's initials: _____					