

**GREATER SASKATOON CATHOLIC SCHOOLS
SCHOOL FACILITY USE – APPLICATION / PERMIT**

SCHOOL: _____ FACILITY: _____

MONTH: _____ YEAR: _____ DATES: _____

ACTIVITY NAME: _____ ACTIVITY TYPE: YOUTH ADULT

START TIME: AM: _____ PM: _____ START TIME: AM: _____ PM: _____

END TIME: AM: _____ PM: _____ END TIME: AM: _____ PM: _____

FURNITURE /EQUIPMENT REQUIRED: _____

NAME OF USER GROUP: _____

REPRESENTATIVE NAME: _____

ADDRESS: _____ POSTAL CODE: _____ E-MAIL: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____

IT IS UNDERSTOOD AND AGREED THAT ST. PAUL'S R.C.S.S.D. NO. 20 IS NOT LIABLE FOR ANY DEATH, INJURY OR LOSS OF ANY KIND OCCURRING ON ITS PROPERTY OR AS A RESULT OF THE USE OF ITS PROPERTY, WHETHER CAUSED BY ITS NEGLIGENCE, BREACH OF CONTRACT OR OTHERWISE OR OF ITS SERVANTS OR AGENTS AND THE LESSEE AGREES TO INDEMNIFY AND SAVE ST. PAUL'S R.C.S.S.D. NO.20 HARMLESS IN RESPECT OF ALL DAMAGES, CLAIMS AND OR LIABILITY WITH RESPECT THERETO. IT IS FURTHER UNDERSTOOD AND AGREED THAT THE GENERAL REGULATIONS AND PROCEDURES AS NOTED ON THE REVERSE WILL BE ADHERED TO FOR THE SCHOOL FACILITY USE NOTED ON THIS APPLICATION/PERMIT.

SIGNATURE OF APPLICANT _____
DATE

THE "HOURLY RENTAL RATE FEE SCHEDULE" WILL BE IN EFFECT ON NON-SCHOOL DAYS AND WHEN SCHOOL IS NOT IN SESSION. THIS INCLUDES WEEKENDS AND THE FOLLOWING BREAKS: SUMMER, CHRISTMAS, MID-TERM AND EASTER.

FOR COMPLETION BY SCHOOL PRINCIPAL

CUSTOMER NUMBER: _____ INVOICE NUMBER: _____

CONDITIONS:

- A. A RENTAL FEE IS TO BE ASSESSED YES NO
- B. A CARETAKER IS REQUIRED YES NO
- A TECHNICIAN IS REQUIRED. YES NO
- C. DEACTIVATE ALARM YES NO

D. FURNITURE/EQUIPMENT TO BE PROVIDED _____

E. COMMENTS: _____

SIGNATURE OF PRINCIPAL _____
DATE

FORWARD COPIES TO:

- 1. USER GROUP REPRESENTATIVE (ORIGINAL)
- 2. PRINCIPAL
- 3. HEAD CARETAKER
- 4. RENTAL OFFICER