STRAIT REGIONAL SCHOOL BOARD
APPLICATION AND PERMIT FOR USE OF SCHOOL BOARD FACILITIES

All users shall comply with Board policy on use of school facilities.

APPLICATION

APPLICANT NAME/ GROUP: _____

MAILING ADDRESS: _____

SPONSOR: ❑ Continuing (Adult) Education ❑ Municipal Recreation ❑ Other _____

NAME OF SCHOOL TO BE USED: **ST ANDREW JUNIOR SCHOOL**, 2 APPLESEED DRIVE, ANTIGONISH

PURPOSE OF EVENT _____ APPROXIMATE NO. PEOPLE: _____

PART OF FACILITY REQUIRED: ❑ Classroom(s): How many? _____ ❑ Gymnasium
❑ Other (Please identify) _____

SCHOOL EQUIPMENT REQUIRED: _____

DATE(S) OF SCHOOL USE _____

DURATION From _____ am/pm To _____ am/pm

CONTACT PERSON _____ TELEPHONE _____ FAX _____

EMAIL ADDRESS: _____

_____

Date **Signature of applicant/authorized representative**

To be completed by the Community Education Coordinator if, in the opinion of the Principal, additional costs are involved.

RENTAL FEE

RENTAL FEE: _____ JANITORIAL: _____ ADMIN FEE: _____ TOTAL: _____

Payment is due at time of booking and must accompany form. Cheques are payable to ANTIGONISH COUNTY RECREATION.

_____

Date **Signature of Coordinator of Operations**

PERMIT

_____ _____

Date **Signature of Principal or Director of Development**

Amount of fee received: $ _____

Distribute copies to: • Applicant • Principal or Director • Head Janitor
Permits which involve a fee must also be copied to: • Coordinator of Operations and •Coordinator of Financial Services