



## User Agreement for Use of School Facilities

Name of School: \_\_\_\_\_

<b>User Group Name:</b>			
<b>Group :</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
<b>Address:</b>			
<b>Group Supervisors:</b>	<b>Phone #:</b>	<b>Fax #:</b>	<b>Email:</b>

Facility/Room	(Please Check)	Frequency	(Please Check)	Time of Day	Date(s)
Gymnasium		One-Time Only			
Classroom		Daily			
Other (Specify):		Weekly			
		Monthly			

Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Rental Fee: \_\_\_\_\_ (To be filled in by Principal)

<b>Type of Function:</b>	
<b>Activities to be Carried Out:</b>	
<b>Age Range of Participants:</b>	
<b>Number of Participants:</b>	

**List of Participants:** *(Please attach another sheet if necessary)*

1)	11)
2)	12)
3)	13)
4)	14)
5)	15)
6)	16)
7)	17)
8)	18)
9)	19)
10)	20)

**Signature of Supervisors/Coordinators**

By signing below it is understood that the attached Policy Regarding Use of School Facilities has been read and that the user group will adhere to this policy.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**Key(s):**

By signing this document, I/we are accepting full responsibility for the key(s) to the above school/facility. It is understood that key(s) are not be copied or distributed to any parties other than those listed below. Key(s) will not be used for any purpose other than that for which they were issued as per the User Agreement for Use of School Facilities.

\_\_\_\_\_  
Signature Date

**Principal of School Approval (Group A, B or C):**

By signing below, it is understood that I have read the policy regarding School Use and Rentals and understand to my best knowledge that the above group will follow these practices, therefore I will allow this function/activity to occur in my school. *(Please insert rental fee on page 1 – if applicable)*

The use/rental of \_\_\_\_\_ has been approved / declined.

\_\_\_\_\_  
Signature Date

Reason for Decline:

\_\_\_\_\_  
\_\_\_\_\_

**School Board Approval (Group D Only):**

The use/rental of \_\_\_\_\_ has been approved / declined.

\_\_\_\_\_  
Signature Date

Reason for Decline:

\_\_\_\_\_  
\_\_\_\_\_

Please submit this completed form for approval to either the school (Groups A,B or C) or the District Office (Group D only) to: Ms. Sarah Battcock, Purchasing Manager, Western School District, P.O. Box 368, 10 Wellington Street, Corner Brook, NL A2H 6G9 Fax: 709-637-4036