Form 115-1

East Central Alberta Catholic Schools Regional Division No. 16
1018 – 1st Avenue, Wainwright, AB T9W 1G9
PH: (780) 842-3992 FX: (780) 842-5322

For Board Use Only
Certificate of Insurance Attached ☐
Approved_____

FACILITY USE AGREEMENT

School Required: _____ Purpose:_____

Name of Organization/Renter:_____

Contact Person:_____ Business Phone:_____

Mailing Address:_____ Home Phone:_____

Supervisor at Event:_____ Phone:_____

Group Category:
☐Adult Non-Profit ☐Youth Non-Profit ☐Adult Profit ☐Youth Profit ☐Other

Facilities required: (Please Note: Facilities may not be available in all schools.)
☐Classroom(s) #_____ ☐Kitchen ☐Stage
☐Gym ☐Library ☐Other (Specify)_____
☐Change Rooms ☐Staff Room
☐Showers ☐Washrooms

Equipment required:
_____

Insurance Required: ☐Yes ☐No

Currently have own liability insurance coverage (MINIMUM $2,000,000 required) ☐Yes ☐No
(Proof of valid liability insurance coverage MUST be provided.)
(Arrangements must be made to name East Central Alberta Catholic Schools as additional insured.)

Wish to purchase liability insurance through East Central Alberta Catholic Schools ☐Yes ☐No

Number of participants per session: _____ Specify type of activity:_____

Start Date:_____ End Date:_____ Specify time required:
Days of the Week: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday From: To:
☐Friday ☐Saturday ☐Sunday

	Rate	# of Days	Amount	Total
Facility Rental				
Equipment Rental				
Custodial				
Total Charges				$_____

FACILITY USE AGREEMENTS MUST BE RECEIVED 2 WEEKS (14 DAYS) PRIOR TO DATE(S) OF USE

I accept responsibility for damage and/or injuries to any person(s) and to any damage to Board premises and/or equipment arising from use of Board property. Furthermore, I accept responsibility for all costs incurred and have read the attached Community Use of Schools Procedure (AP 115) and am committed to comply with its provisions.

_____ _____ _____
Applicant's Name (Please Print) Applicant's Signature Date

(Must be at least 18 years of age.)

_____ _____
Principal's Signature Date

**This form is to be forwarded to Central Office for retention.

Original – Forward to User **Copy 2 – Retain at Facility** **Copy 3 – Forward to Central office**