peel District School Board

ONE DAY ANNUAL EVENTS APPLICATION FOR SCHOOL RENTALS

THIS APPLICATION MUST BE RECEIVED BY FACILITIES RENTALS 3 WEEKS BEFORE THE FUNCTION DATE

ORGANIZATION NAME: _____ **DATE**: _____

SCHOOL REQUIRED: 1st choice _____ 2nd choice _____

Group Age Range: (select) ☐ 6-11yrs ☐ 12-18yrs ☐ Adult ☐ Corporate ☐ Non-profit
(for approval; a copy of certificate must be provided)

Person Responsible _____ Address _____ City _____ Postal Code _____

Home Phone # _____ Business Phone # _____ Fax # _____ Email address (please print) _____

THIS OFFICE MUST BE ABLE TO REACH A CONTACT PERSON BETWEEN 9:00 AM AND 4:00 PM

Space Required: (select) ☐ Single gym ☐ Double gym ☐ Cafeteria ☐ Auditorium ☐ Classroom(s) ☐ Kitchen & Operator

Activity or Type of Event _____ Anticipated Attendance _____

Week Day Permits: (select) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Time of Activity/Event(Select) ☐ 6pm to 8pm and/or ☐ 8pm to 10pm **FUNCTION DATE**: _____

Week End Permits: (select) ☐ Saturday ☐ Sunday **FUNCTION DATE**: _____

Start Time of Event: From: _____ To: _____ Time of access: _____

Kitchen operator (minimum of 4 hours) ☐ Yes ☐ No Will alcohol be served? ☐ Yes ☐ No

Special Requirements for setup: _____

All permit holders must provide proof of liability insurance with a minimum coverage in accordance with current board standards.

☐ Will provide proof of insurance ☐ Will purchase insurance through the Board

Please note: 1) one-day permits subject to non-refundable administration fee of $54.24 which includes HST, payable with application
2) change surcharge fee will be $22.60 which includes HST
3) a Credit Card # must be provided with faxed/emailed applications. Payment by cheque must accompany application form and mailed to the Rentals Department. Cheques area payable to: **Peel District School Board**

Payment method:(select) ☐ MasterCard ☐ Visa ☐ Cheque enclosed

Please indicate whether total payment or administration fee only can be processed on credit card: ☐ Total amount ☐ Administration fee

Card Holder Name (please print) _____ Credit Card # & 3 digit Security Code _____ Expiry date _____

Signature: _____ Signing Date: _____

PEEL DISTRICT SCHOOL BOARD, H.J.A. BROWN EDUCATION CENTRE, 5650 HURONTARIO STREET, MISSISSAUGA, ON, L5R 1C6
ATTN: FACILITIES RENTALS DEPARTMENT – TEL: (905) 890-1010 FAX: (905) 890-9068