ALGOMA DISTRICT SCHOOL BOARD
REQUEST FOR USE OF SCHOOLS

Date: _____

NAME OF SCHOOL: _____

ORGANIZATION: _____

PROGRAM/EVENT: _____

PROGRAM/EVENT DATES: _____ _____ _____
Year Month Day **HOURS**

to _____ _____ _____ From _____ to _____
Year Month Day Day of Wk: _____

Number of Participants: _____

INSURANCE INFORMATION: **POLICY #**_____ **AMT OF COVERAGE**_____
INSURANCE AGENT:COMPANY_____

REQUIREMENTS: Please check (x) appropriate area

ELEMENTARY:
Gym_____ Nets & Standards_____
Library____ Chairs/Tables ____
Classroom____ Other Requirements
Staffroom_____ _____

SECONDARY: Gym (Lg)_____ Small_____ Change Rooms_____ Nets & Standards _____
Cafeteria _____ Cafetorium _____ Library_____ Classroom_____ Staffrm___

CARESTAFF REQUIRED_____
TOWNSHIP APPROVAL (IF APPLICABLE)_____

AUDITORIUM (CENTRAL ALGOMA/KORAH/SJDUNN/ELLS/WCEAKET)
CHAIRS_____ TABLES____ Other Requirements _____
PRODUCTION ASSISTANT(S)_____ DRESSING ROOMS_____
NOTE: ALL PRODUCTION ASSISTANT SERVICES TO BE ARRANGED THROUGH CHRIS ROUS 942 3000), eg Lighting, Sound System, etc)

CONTACT PERSON _____ ALTERNATE CONTACT_____

Address_____ Address _____
_____ _____
Postal Code _____ Postal Code _____

Telephone (h) _____ Telephone (h)_____
(w)_____ (w)_____
Fax # _____

WE HAVE RECEIVED AND ARE AWARE OF RULES AND RESPONSIBILITIES

_____ ----------
SIGNATURE OF APPLICANT ***OFFICE USE ONLY***
Approved -------- ---------- ------
RETURN TO: YEAR MONTH DAY

COMMUNITY USE OF SCHOOLS ***Receipt #*** _____
ALGOMA DISTRICT SCHOOL BOARD
190 NORTHERN AVE E ----------
SAULT STE MARIE ON P6B 4H6
WAWA OFFICE – NORTH AREA SCHOOLS ***FACILITIES USE/OFFICE SUPERVISOR***
ELLIOT LAKE OFFICE—EAST AREA SCHOOLS ***AREA COORDINATOR EAST & NORTH***