OVERNIGHT USE OF DIVISION SITES

Please send a copy of this completed Approval Form and accompanying documentation to the Secretary-Treasurer for approval, c/o EICS' Central Learning Services.

School: _____

Area of Use:_____ Date of Use:_____

User Group:_____

If Group is external to the Division, Superintendent's signature required here: _____

Activity Description: _____

_____

Hours of use (including setup and cleanup) from: _____ to: _____

Note: If deemed necessary, a caretaking charge may be levied.

# of Students: _____   #of Staff Supervisors: _____   # of Parent Supervisors: _____

Name of Organizer: _____ Phone # for Organizer: _____

*Note: Requests must be received by the Secretary-Treasurer 72 hours prior to start of event or the
school will be charged a processing fee of $50.00*

Please place a check mark (✓) for completed items and 'n/a' for items that are not applicable.

_____ Staff/Parent Supervision	_____ Food preparation and disposal
_____ Informed parent consent	_____ Cell phone
_____ Contact number for parents	_____ Student attendee list
_____ Emergency/fire evacuation plan in place	_____ Risk assessment Form 260-2 is attached
_____ Police notified	_____ List of emergency numbers for team leaders
_____ Fire department notified	_____ Building security is planned
_____ First Aid kit available	

_____ Insurance verification confirmed by the Secretary-Treasurer or designate (only for outside user groups)

Facility Services Responsibility:

_____ Security Notified   _____ Heating & Ventilation   _____ Alarm Company Notified

_____   _____   _____
Activity-Supervisor's Name   Activity-Supervisor's Signature   Date

_____   _____   _____
Approving Principal's Name   Approving Principal's Signature   Date

_____   _____   _____
Secretary-Treasurer's Name   Secretary-Treasurer's Initials   Date