

School Facilities Rental Agreement

Between :	and		
	School		ame of Organization
Contact person : _			
A ddroop			
City		Province	Postal Code
•			
Email address			
Nature of event :			
Date of event :			
Time requested :			
Total number of pe	ople :	Adults:	Students :
Spaces required:	Cafeteria Theatre Gymnasium	Music Room Student lounge	Staff Room Library
Other requests :			
For administration	on use only		
Total hours of custodial service :		Cost @ 48\$ / hour	
Signature :			Date :
	Group contact		
Signature :			Date :
	Central Office		
The Conseil Centre-Nord will be sending an invoice, by mail, to the address indicated above			
twill indemnify and save had damage to any person, pe	armless the Conseil Centre-Norsons or property by reason of	ord from and against any and all li	se and occupation of the said premises is ability whatsoever resulting from injury or occupation of the said premises directly or its, employees, or workmen.
The User Group will also provide proof of liability insurance coverage.			Insurance attached