



## Clavet Composite School

Mr. Brian Matisz, Principal

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Mr. Peter Schmidt, Vice Principal

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Phone: 306-933-1022

### APPLICATION FOR USE OF SCHOOL FACILITIES

Date: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Name of Adult Supervisor: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Activity Planned: \_\_\_\_\_

Date(s)/ Time Required: \_\_\_\_\_

Area(s) of School Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Caretaking Services Required: \_\_\_\_\_

\_\_\_\_\_

As applicant, and on behalf of the above-named organization, I have had the opportunity to read the Policy, Guidelines, and Procedures for use of facilities of the Prairie Spirit School Division, and agree to abide by the conditions stated in the Policy, Guidelines, and Procedures or attached to the Approval form for Use of School Facilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE TO APPLICANTS:** If your group does not have its own liability insurance, you are advised that school and/or Board of Education liability insurance does not cover someone not involved in normal school activities.