

Name of Organization:

## SCHOOL CONNECTIONS YYC AFTERSCHOOL ACCESS FORM

(R2024-07)

Important Notice: This PDF form is optimized for Adobe Reader. Please download the form to your desktop and use Adobe Reader to open, complete, and submit the form.

Program Supervisor's/Agnecy Representative Name:

All SCYYC service requests require the approval of a School Principal/Assistant Principal (AP) prior to The City issuing a rental permit. The requester must:

1.Complete all applicable sections of this form.

To be completed by the Program Supervisor/Agency Representative

2. The form must be attached to the School Connections YYC Booking Application and received by The City of Calgary a MINIMUM of 30 days prior to the program start date.

Agency Rep's Phone Number:	ncy Rep's Phone Number: Agency Representative's En			nails Address:		Program Name:		
Program Description:	•				·!			
Program Space Request								
School Name Program		Program Star	t date	Program End Date:		Program Day(s)		
School Space:			If Classroom or Other, describe requirements					
School Space 2 (if required):			If Classroom or Other, describe requirements					
School Space 3 (If required):			If Classroom or Other, describe requirements					
School Space 4 (If required):				If Classroom or Other, describe requirements				
Minimum & Maximum Number of Participants: Target Audien			nce:		Audience Details:			
*EXTRA FEES MAY APPLY to progr	•	ng after 5:0	0 p.m. in 1	L-C designate	ed Schools			
2. Equipment Use or Storage Request								
Provide Details of Program materials, supplies, or equipment that will be u				Do you require onsite storage for program materials, supplies, or equipment?				
Do you request use of School Equipment:				If storage is required, please describe number, type(s), and sizes of container(s):				
Request Details:								
3.Food or Beverage Exemption Request – Required for Main/Aux Gym use only								
Do you request to servce food or beverage in the gym during the program				If food or beverage will only be served on select days or dates, specify:				
For School Administration Use Only								
Program Space Request - Designate school space provided			Approve	d Not	Approved	Admin	Initials	
2. Equipment Use or Storage Request	Not Applic	able	Approve	d Not	Approved	Admin	Initials	
3. Food or Beverage Exemption Request	Not Applicable		Approved Not		Approved	Admin	Initials	
School Administrator's Comments, if an	y:							
Signature								
Principal's or A/P's Name Pri				incipal's or A/P's Signature			Date (YYYY/MM/DD)	