

REGIONAL SCHOOL DISTRICT NO. 6
Warren – Morris - Goshen

APPLICATION FOR USE OF PUBLIC SCHOOL FACILITY

(To be submitted to the Building Principal at least two weeks in advance of need.)

- Date _____
1. School Requested _____
 2. List facilities or equipment needed:

 3. Date(s) of Activity: _____ From _____ to _____ o'clock
From _____ to _____ o'clock
 4. Name of Organization _____
 5. Name of C.E.O: _____
 6. Name of applicant: _____
Mailing address: _____ Telephone: _____
 7. Supervisor of activity: _____
Mailing address: _____ Telephone: _____
 8. Purpose for facility use: _____
 9. Admission Charge: Yes _____ No _____

It should be noted that the activities supervisor must assume direct responsibility for any acts of vandalism or damage caused to the facility or existing equipment as a result of their use when a building is made available to the group. The supervisor shall have the direct responsibility for damage caused and shall restore any damaged area to its original condition at no cost to the town. In addition, the organization using the facilities must abide by all Board policies and administrative regulations. (Copies are available at the Principal's office). The individual who will assume responsibility for condition of the building and equipment use should sign below.

I, the undersigned, have read the rules and regulations promulgated by the Regional School District No. 6 Board of Education regarding the use of school facilities and, as duly authorized agent for the organization, agree to abide by them and to assume legal and financial responsibility for the above request.

Applicant's Signature

Date: _____	Approved: _____	Disapproved: _____	Police required: Yes _____ No _____
Invoice attached: _____	No fees: _____		
Custodial Fee: Yes _____	No _____		
Certificate of Insurance Received: _____	Date _____		

Custodial Services have been assigned. **In the event that a custodian is not on the premises throughout the activity, the telephone number to be used in an emergency is** _____.

1. _____
2. _____

Each school shall be responsible to inform the Fire Marshal of all Public Assembly functions. If cancellation of this reservation is necessary, at least 24 hours notice is required. If there should be a snow day or emergency closing, the building will not be available. This reservation is absolutely non-transferable. Please adhere to the Board of Education's policies and administrative regulations regarding building use. These are available at the Principal's office.

Administrator's Signature

Please note: Approval is subject to the receipt of the Certificate of Insurance and timely payment of fees, as required by district policy.

REGIONAL SCHOOL DISTRICT No. 6

35 WAMOGO ROAD

LITCHFIELD, CT 06759-3204

860.361.9033 ~ 860.361.9665 (FAX)

To be submitted at least two weeks prior to event.

Changes may be necessary during the year as school events are scheduled. Please note that school activities will take precedence but we will always try to make other accommodations.

PLEASE COMPLETE THIS SECTION

Organization:

School Requested:

Room or Location Requested:

Date(s)

Purpose for Facility Use:

School Entry Time:

School Exit Time:

Program Start Time:

Program End Time:

Technology Requirements

FMP Requirements

Microphones

Baskets Up/Down

Sound System

Bleachers Pulled Out

Lighting

Chairs

SmartBoard

Extension Cords

Projector

Garbage Cans

Other

Podium

Tables

Additional Notes:

Contact Person:

Email of Contact Person:

Name of Person(s) Responsible for Event:

Address of Person(s) Responsible for Event:

Phone Number(s):

Email Address:

Admission or Registration Fee:

Disbursement of Proceeds:

Signature:

Date:

Printed Name:

Address:

Phone:

Having read Policy 3515 and Schedule of Fees, I assume legal and financial responsibility for the above request. I also understand that the financial obligations are to be met within a 2-week period following receipt of bill. ***Rental fee is due two weeks before event.***