

Regional School District #14

Bethlehem and Woodbury, CT

APPLICATION FOR THE USE OF SCHOOL FACILITIES

School Desired _____ Date of Application: _____

(Apply 15 school days prior to event in a Building, Quarterly for use of Fields (see policy))

Name of Organization _____ Date _____

Representative responsible for use of facility _____ Phone _____

Address _____

Purpose/s for using facility _____

Type of Group: Profit/Non-Profit* _____ Will tickets be sold to attend the event? _____

Date(s) desired: From _____ to _____ Estimated attendance _____

Time of activity: From _____ To _____ Actual Event Time: _____

Rehearsals Dates: _____ Rehearsal Times: _____

ROOMS REQUESTED:

- Gym
- Kitchen
- Mat Room
- Weight Room
- Library
- Cafeteria
- Locker Rooms
- Music Room
- Auditorium
- Classroom(s) # _____
- Computer Room(s) # _____
- Other room(s) _____

Field(s) desired _____

Equipment Needed: Chairs _____ Tables _____ T.V./VCR _____

Electric Cords _____ PA system _____ Screen _____

Lights: House _____ Stage _____

Risers: Band _____ Choral _____

Dressing rooms (class rooms) _____

We agree to comply strictly to the Rules and Regulations of the Regional School District No. 14 Board of Education that are attached and to be responsible for the proper conduct and care of school property while using the same. The organization agrees to make good any damage to property and equipment and to indemnify the Board of Education for any accident to any and all occupants resulting from the use.

Applicant's signature (adult only) _____ Phone _____

****Type of organization determined by Region 14. Not for profit verification required. Minimum \$1,000,000 liability/property damage insurance certificate required naming Region #14 as an additional insured.***

To Be Completed by Region #14



Applicable Signatures:

Date _____ Student Activity Coordinator _____

Date _____ Head Custodian _____

Number of Custodians Required _____ / Estimated number of Hours _____

Date _____ Athletic Director _____

Date _____ Building Principal _____

Date _____ Supt/Business Manager _____

Estimated Fees (See Attached Use of School Facilities Acceptance Form)