

Regional School District #14

Bethlehem and Woodbury, CT

APPLICATION FOR THE USE OF SCHOOL FACILITIES – For Profit

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 _____ **E-mail** _____
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** _____

ROOM Costs: Rental is for four hours. Time of activity: From _____ To _____ Actual Event Time: _____
Auditorium/Stage \$300.00 _____ Flanders Room \$200.00 _____ NHS Gym \$300 _____ BES Gym \$100 _____
MES Gym \$150 _____ WMS Gym \$200 _____ Music Room \$100.00 _____ Cafeteria \$100.00 _____
Library \$100.00 _____ Gym \$100. _____ Classroom(s) \$50 per room _____

Field Costs: Rental is for four (4) hours
Turf Field \$1200 _____ Grass Fields \$ 250 _____ Tennis Courts \$ 200 _____ Lighting \$75 _____
Custodial costs: Regular Hourly \$ 31 _____ Saturday Hourly \$ 47 _____ Sunday Holiday \$62 _____ (Minimum of four hours)

Equipment Needed: Chairs _____ Tables _____ Lights: House _____ Stage _____
Risers: Band _____ Choral _____

Theater Manager
Audio/Visual Tech Staff costs \$50.00 per hour (Minimum of 4 hours)
Audio/Visual Tech NHS student costs \$20.00 per hour (Minimum of 2 hours)
Sound and Lighting Equipment Needed: T.V./VCR/Screen _____ Electric Cords _____
Sound system _____ Lighting System _____

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** _____
Estimated Fees _____ **Certificate of Insurance** _____

Minimum \$1,000,000/\$2,000,000 General liability Each Occurrence/General Aggregate 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 _____
Date _____ Number of Custodians Required _____ / Estimated number of Hours _____
Date _____ Athletic Director/Director of Fine Arts _____
Date _____ Number of A/V Tech Staff Required _____ / Estimated number of Hours _____
Date _____ Building Principal _____
Date _____ Supt/Business Manager _____
Date _____ **Fees Due** _____ **Payment due five days before scheduled event.**