

WESTPORT COMMUNITY SCHOOLS
WESTPORT, MASSACHUSETTS

IN-HOUSE APPLICATION FOR FACULTY/STUDENT
USE OF SCHOOL FACILITY AFTER SCHOOL HOURS

Date of Application _____

Name of School Group _____

Name of Teacher/Coach _____

Date(s) Facilities are to be Used _____ Time _____ a.m. _____ p.m.

Facility to be Used: Circle One: WJR/SRH WES MAC Area _____

Description of the Event Including Projected Number of People: _____

Will Kitchen be Used? () YES () NO Hours of Use: _____

Special Equipment Required _____

ADMISSION FEE _____

No Alterations of school grounds/buildings shall take place unless specifically authorized.

Signature of Representative

Principal Approval

PLEASE SUBMIT AT LEAST 5 DAYS PRIOR TO EVENT

TO BE COMPLETED BY CENTRAL OFFICE

Projected Charges: _____ Estimated billable custodial hours: _____

Food Service Staff No.: _____ Rate: _____

Custodial Staff No.: _____ Estimated billable cafeteria hours: _____

Police Detail: _____ Rate: _____

Security Detail: _____ Building User Fee: _____

Estimated billable Police/Security Detail: _____

Total Approximate Charges: _____

School Account to be Charged: _____

Approved by: _____ Date: _____

Charges Reviewed and Agreed to By: _____

Principal

Activity Coordinator