

WESTPORT COMMUNITY SCHOOLS
WESTPORT, MASSACHUSETTS
In-House Application for Faculty/Student
Use of School Facility Inside or Outside the Regular School Day

Date of Request _____

Name of School Group _____ Name of Teacher/Coach _____

Date(s) Facilities are to be Used _____ Time _____ to _____

Facility to be Used: Circle one: WMHS / WES / MAC / Old High School - Area of Building _____

Description of the Event Including Projected Number of People: _____

Kitchen Equipment/Services Required () YES () NO

Technology Equipment/Services Required _____

Special Equipment/Services Required _____

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

Signature of Representative

Principal Approval

PLEASE SUBMIT AT LEAST 10 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 Details _____

Total Approximate Charges _____

School Account to be changed _____

Approved by _____ **Date** _____

Charges Reviewed & Agreed By _____

Principal

Activity Coordinator

