

Regional School District #14

Bethlehem and Woodbury, CT

APPLICATION FOR THE USE OF SCHOOL FACILITIES – Not for Profit Use

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: Non-Profit* _____ **Will tickets be sold to attend the event?** _____
Date(s) desired: From _____ to _____ **Estimated attendance** _____

ROOM Costs: To Be Negotiated (TBN)

Rental is for four hours. Time of activity: From _____ To _____ **Actual Event Time:** _____
Auditorium/Stage TBN _____ **Flanders Room TBN** _____ **NHS Gym TBN** _____ **BES Gym TBN** _____
MES Gym TBN _____ **WMS Gym TBN** _____ **Music Room TBN** _____ **Cafeteria TBN** _____
Library TBN _____ **Gym TBN** _____ **Classroom(s) TBN per room** _____

Field Costs: Rental is for four (4) hours

Turf Field TBN _____ **Grass Fields TBN** _____ **Tennis Courts TBN** _____ **Lighting TBN** _____
Custodial costs: Regular Hourly \$ 35.00 Saturday Hourly \$ 53.00 Sunday Holiday \$70.00 (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** _____

***Type of organization determined by Region 14. Not for profit verification required. 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 _____
	Number of Custodians Required _____ / Estimated number of Hours _____
Date _____	Athletic Director/Director of Fine Arts _____
	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.

Visit our website at www.ctreg14.org to view Facility Calendars by location.