

Event Info:

## Building Use Checklist

Hamden Soccer  
Association

3/18-6/16/24

☒ Event Information sheet

☐ Addendum A N/A

☒ Rules and Regulations signed

☐ Complete COVID protocols (details needed)

☐ Fee Calculations None - only fields

☐ Rent

☐ Utilities

☐ Security (for times when the public is there)

☐ Custodial Services

☐ Additional information needed

☐ Does this event recur annually? Yes

☐ How long has the vendor been using facilities? 2-3 years

RECEIVED

2/9/24

FSD # \_\_\_\_\_

**Hamden Public Schools**

60 Putnam Avenue  
Hamden, CT 06517

PARKS & REC

**APPLICATION FOR USE OF SCHOOL BUILDING**

Applications **must** be filed at least **SIX WEEKS** before the day for which it is made but will not be accepted prior to **SIX Months** before the event date

To the Board of Education:

Date 2/9/24

The undersigned hereby make application on behalf of HAMDEN SOCCER ASSOC

(Name of Organization)

as association formed for YOUTH SOCCER PRACTICES for permission to use the  
(Event Title)

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

**Hamden High School**

- ☐ Auditorium ☐ Black Box ☐ Dressing Rooms  
☐ Gymnasium  
☐ C107  
☐ Cafeteria  
☐ Classroom  
☐ Athletic Field

**Hamden Middle School**

- ☐ Auditorium  
☐ Gymnasium  
☐ Cafeteria  
☐ Classroom  
☐ Music/Band Room

**Central Office**

- ☐ Gymnasium  
☐ Board Room  
☐ Room 101

**Elementary Schools:**

- Bear Path ☐  
Church Street ☐  
Dunbar Hill ☒  
Helen Street ☐  
Ridge Hill ☐  
Shepherd Glen ☐  
Spring Glen ☐  
West Woods ☐  
Wintergreen ☐

Please choose from  
the elementary  
room options  
below:

- ☐ Classroom  
☐ Cafeteria  
☐ Gymnasium

SOCCER  
FIELD  
OUTSIDE

**Equipment Needed:**

HHS/HMS: See Addendum A and return with this form.

**Elementary Schools:**

- ☐ Tables (how many) \_\_\_\_\_  
☐ Chairs (how many) \_\_\_\_\_  
☐ Other Needs: \_\_\_\_\_

MON-THURS NIGHTS  
530-730 PM  
MARCH 18 - JUNE 16

**REHEARSAL / PREPARATION**

Date \_\_\_\_\_ Time (From/To) \_\_\_\_\_

How many people will attend the rehearsal? \_\_\_\_\_

Will your event require set up? Yes ☐ No ☐

If yes, when do you plan to set up?  
\_\_\_\_\_  
\_\_\_\_\_

**EVENT INFORMATION**

\*If multiple dates, please indicate clearly information for each date

Date	Arrival Time	Event Time	End Time
3/18	530		730
↓			
1/1/12	530		730

Number of Performers/Presenters: N/A

Anticipated Attendance: 15-25 KIDS

Admission Charge: 0

Percentage of Hamden Performers: 100%

FSD # \_\_\_\_\_

PRINT names of applicants. Please write legibly if not typed.

Contact Name	Address (Number, Street, Town, Zip)	Telephone	Email Address
RYAN OTT	83 HANFORD HAMDEN CT 06517	203 800 6770	RYANOTT24@ GMAIL.COM
_____	_____	_____	_____
_____	_____	_____	_____

Please describe how you plan to comply with the state and CDC Covid-19 guidelines for your event. Please include both the plan for audience (capacity, seating, entry and exit) as well as performers on stage and back stage (masks, social distancing, etc). We must have this information before the Board will consider your request for facility use. (If easier, you may attach a separate document with your protocols)

YOUTH SOCCER PRACTICES ON MON - THURS NIGHTS  
FROM 530 - 730 PM

STARTING MARCH 18<sup>TH</sup> ENDING JUNE 16<sup>TH</sup>

**RULES AND REGULATIONS****For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes**

Please initial each numbered guideline

- RTO 1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
- RTO 2. When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
- RTO 3. If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
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- RTO 5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
- RTO 6. A permit is not transferable.
- RTO 7. A permit is not valid unless signed by the Superintendent or his/her designee.
- RTO 8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
- RTO 9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
- RTO 10. Use of auditoriums does not include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs. Due to staffing shortages, please be advised that we may not be able to fully staff your event. It would be in your best interest to investigate and hire your own audio-visual equipment and workers as the district cannot guarantee staffing for every event.
- RTO 11. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.
- RTO 12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)

FSD #

- RTD 13. We cannot reserve any date(s) before the approval of your application. Therefore, return this application as soon as possible.
- RTD 14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status.
- RTD 15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

*If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public-school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required*

I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

(Signature)

(Date)

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED

2/9/24  
PARKS & REC

FSD#

Hamden Public Schools

60 Putnam Avenue  
Hamden, CT 06517

APPLICATION FOR USE OF SCHOOL BUILDING

Applications **must** be filed at least **SIX WEEKS** before the day for which it is made but will not be accepted prior to **SIX Months** before the event date

To the Board of Education:

Date 2/9/24

The undersigned hereby make application on behalf of HAMDEN SOCCER ASSOC  
(Name of Organization)

as association formed for \_\_\_\_\_ for permission to use the  
(Event Title)

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

Hamden High School

- ☐ Auditorium ☐ Black Box ☐ Dressing Rooms  
☐ Gymnasium  
☐ C107  
☐ Cafeteria  
☐ Classroom  
☐ Athletic Field

Hamden Middle School

- ☐ Auditorium  
☐ Gymnasium  
☐ Cafeteria  
☐ Classroom  
☐ Music/Band Room

Central Office

- ☐ Gymnasium  
☐ Board Room  
☐ Room 101

Elementary Schools:

- Bear Path ☐  
Church Street ☐  
Dunbar Hill ☐  
Helen Street ☐  
Ridge Hill ☐  
Shepherd Glen ☒  
Spring Glen ☐  
West Woods ☐  
Wintergreen ☐

Please choose from  
the elementary  
room options  
below:

- ☐ Classroom  
☐ Cafeteria  
☐ Gymnasium

Soccer Field  
OUTSIDE

Equipment Needed:

HHS/HMS: See Addendum A and  
return with this form.

Elementary Schools:

- ☐ Tables (how many) \_\_\_\_\_  
☐ Chairs (how many) \_\_\_\_\_  
☐ Other Needs: \_\_\_\_\_

PRACTICES MON - THURS  
530 - 730AM

GAMES SAT + SUN  
12-5pm

REHEARSAL / PREPARATION

Date \_\_\_\_\_ Time (From/To) \_\_\_\_\_

How many people will attend the rehearsal? \_\_\_\_\_

Will your event require set up? Yes ☐ No ☐

If yes, when do you plan to set up?  
\_\_\_\_\_  
\_\_\_\_\_

EVENT INFORMATION

\*If multiple dates, please indicate clearly information for each date

Date	Arrival Time	Event Time	End Time
3/25			
↓			
6/16			

Number of Performers/Presenters: N/A

Anticipated Attendance: 20-30 KIDS

Admission Charge: 0

Percentage of Hamden Performers: 100%

FSD #

PRINT names of applicants. Please write legibly if not typed.

Contact Name	Address (Number, Street, Town, Zip)	Telephone	Email Address
RYAN OTT	83 HANFORD HAMDEN 06517	203 800 6770	RYANOTT24@ GMAIL.COM

Please describe how you plan to comply with the state and CDC Covid-19 guidelines for your event. Please include both the plan for audience (capacity, seating, entry and exit) as well as performers on stage and back stage (masks, social distancing, etc). We must have this information before the Board will consider your request for facility use. (If easier, you may attach a separate document with your protocols)

YOUTH SOCCER PRACTICES AND GAMES

OUTSIDE AT SHEP GLEN SOCCER FIELD.

SEASON BEGINS MARCH 25<sup>TH</sup> AND ENDS  
JUNE 16<sup>TH</sup>

WEEKNIGHT PRACTICES MON-THURS 530-730PM  
AND GAMES ON SATURDAYS + SUNDAYS  
FROM 12 TO 5PM

RULES AND REGULATIONS

For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes

Please Initial each numbered guideline

- RTD 1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
- RTD 2. When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
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- RTD 5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
- RTD 6. A permit is not transferable.
- RTD 7. A permit is not valid unless signed by the Superintendent or his/her designee.
- RTD 8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
- RTD 9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
- RTD 10. Use of auditoriums does not include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs. Due to staffing shortages, please be advised that we may not be able to fully staff your event. It would be in your best interest to investigate and hire your own audio-visual equipment and workers as the district cannot guarantee staffing for every event.
- RTD 11. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.
- RTD 12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)



- RD 13. We cannot reserve any date(s) before the approval of your application. Therefore, return this application as soon as possible.
- RD 14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status.
- RD 15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

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I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

(Signature) \_\_\_\_\_

(Date) 2/19/21

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at www.hamden.org, or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED

2/9/24

PARKS & REC

Hamden Public Schools

60 Putnam Avenue  
Hamden, CT 06517

APPLICATION FOR USE OF SCHOOL BUILDING

Applications **must** be filed at least **SIX WEEKS** before the day for which it is made but will not be accepted prior to **SIX Months** before the event date

FSD #

To the Board of Education:

Date 2/9/24

The undersigned hereby make application on behalf of HAMDEN SOCCER ASSOC.

as association formed for YOUTH SOCCER GAMES (Name of Organization)  
(Event Title) for permission to use the

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

Hamden High School

- ☐ Auditorium ☐ Black Box ☐ Dressing Rooms  
☐ Gymnasium  
☐ C107  
☐ Cafeteria  
☐ Classroom  
☐ Athletic Field

Hamden Middle School

- ☐ Auditorium  
☐ Gymnasium  
☐ Cafeteria  
☐ Classroom  
☐ Music/Band Room

Central Office

- ☐ Gymnasium  
☐ Board Room  
☐ Room 101

Elementary Schools

- ☐ Bear Path ☐  
☐ Church Street ☐  
☐ Dunbar Hill ☐  
☐ Helen Street ☐  
☐ Ridge Hill ☐  
☐ Shepherd Glen ☐  
☐ Spring Glen ☐  
☒ West Woods ☐  
☐ Wintergreen ☐

Please choose from  
the elementary  
room options  
below:

- ☐ Classroom  
☐ Cafeteria  
☐ Gymnasium

Soccer  
Fields  
Behind  
School

Equipment Needed:

HHS/HMS: See Addendum A and  
return with this form.

Elementary Schools:

- ☐ Tables (how many) \_\_\_\_\_  
☐ Chairs (how many) \_\_\_\_\_  
☐ Other Needs: \_\_\_\_\_

SATURDAYS + SUNDAYS

8AM - 6PM

APRIL 6 - JUNE 16

REHEARSAL / PREPARATION

Date Time (From/To)

How many people will attend the rehearsal? \_\_\_\_\_

Will your event require set up? Yes ☐ No ☐

If yes, when do you plan to set up?

EVENT INFORMATION

\*If multiple dates, please indicate clearly information for each date

Date	Arrival Time	Event Time	End Time
4/6	8AM		6PM
6/16	8AM		6PM

Number of Performers/Presenters: 100 KIDS

Anticipated Attendance: 100%

Admission Charge: 0

Percentage of Hamden Performers: 100%

FSD # \_\_\_\_\_

PRINT names of applicants. Please write legibly if not typed.

Contact NameAddress (Number, Street, Town, Zip)TelephoneEmail Address

RYAN OTT

93 HAVENFORD  
HAMDEN 06517

203 800 6770

RYANOTT24@  
GMAIL.COM

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YOUTH  
OUTDOOR SOCCER GAMES AT THE SOCCER  
FIELDS BEHIND THE SCHOOL  
EACH SATURDAY AND SUNDAY, 9AM - 6PM.

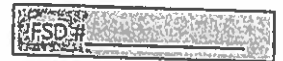
START DATE APRIL 6 END DATE JUNE 16.

RULES AND REGULATIONS

3513

For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes

Please initial each numbered guideline



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RTO

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RTO

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RTO

15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

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(Signature)

(Date)

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RECEIVED  
2/9/24  
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FSD # \_\_\_\_\_

**Hamden Public Schools**

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Hamden, CT 06517

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(Name of Organization)

as association formed for YOUTH SOCCER GAMES for permission to use the

(Event Title)

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☐ Classroom  
☒ Athletic Field

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☐ Gymnasium  
☐ Cafeteria  
☐ Classroom  
☐ Music/Band Room

**Central Office**

- ☐ Gymnasium  
☐ Board Room  
☐ Room 101

**Elementary Schools:**

- ☐ Bear Path  
☐ Church Street  
☐ Dunbar Hill  
☐ Helen Street  
☐ Ridge Hill  
☐ Shepherd Glen  
☐ Spring Glen  
☐ West Woods  
☐ Wintergreen

Please choose from  
the elementary  
room options  
below:

- ☐ Classroom  
☐ Cafeteria  
☐ Gymnasium

**Equipment Needed:**

HHS/HMS: See Addendum A and return with this form.

**Elementary Schools:**

- ☐ Tables (how many) \_\_\_\_\_  
☐ Chairs (how many) \_\_\_\_\_  
☐ Other Needs: \_\_\_\_\_

**REHEARSAL / PREPARATION**

Date Time (From/To)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many people will attend the rehearsal? \_\_\_\_\_

Will your event require set up? Yes ☐ No ☐

If yes, when do you plan to set up?  
\_\_\_\_\_  
\_\_\_\_\_

**EVENT INFORMATION**

\*If multiple dates, please indicate clearly information for each date

Date	Arrival Time	Event Time	End Time
<u>3/24</u>	<u>12 PM</u>	<u>1:00 PM</u>	<u>6:00 PM</u>
<u>4/10</u>			

Number of Performers/Presenters: 30 KIDS

Anticipated Attendance: 30 PARENTS

Admission Charge: 0

Percentage of Hamden Performers: 100%

12 pm - 6 pm  
SATURDAYS + SUNDAYS

PRINT names of applicants. Please write legibly if not typed.

Contact Name	Address (Number, Street, Town, Zip)	Telephone	Email Address
RYAN OTT	93 HAVENFORD HAMDEN 06517	203 800 6770	RYANOTT24 @GMAIL.COM

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YOUTH SOCCER GAMES ON THE TURF FIELDS.  
AS IN THE PAST, GAME TIMES WILL BE SCHEDULED  
AROUND THE OTHER SPORTS AND ACTIVITIES USING THE  
TURF FIELDS. FOR TURF FIELD #2 WITH THE  
BASEBALL PITCHER'S MOUND, WE WILL ONLY USE  
THE OUTFIELD.

# RULES AND REGULATIONS

For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes

Please initial each numbered guideline

- RTD 1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
- RTD 2. When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
- RTD 3. If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
- RTD 4. The building is to be used only on the date specified and for the purpose named in the permit. Nobody from the renting organization will be allowed to enter the building prior to the time stipulated in this contract. Setup and rehearsal time must be reflected on the application.
- RTD 5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
- RTD 6. A permit is not transferable.
- RTD 7. A permit is not valid unless signed by the Superintendent or his/her designee.
- RTD 8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
- RTD 9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
- RTD 10. Use of auditoriums does not include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs. Due to staffing shortages, please be advised that we may not be able to fully staff your event. It would be in your best interest to investigate and hire your own audio-visual equipment and workers as the district cannot guarantee staffing for every event.
- RTD 11. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.
- RTD 12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)



FSD # \_\_\_\_\_

- RVD 13. We cannot reserve any date(s) before the approval of your application. Therefore, return this application as soon as possible.
- ATD 14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status.
- RVD 15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

*If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public-school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required*

I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

(Signature) 

(Date) 2/9/24

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/17/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> LIC #40558248 Player's Health Cover USA Inc. 718 Washington Ave North #402 Minneapolis MN 55401		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No): E-MAIL ADDRESS: certificates@playershealth.com	
<b>INSURED</b> Connecticut Junior Soccer Association 11 Executive Drive, Suite 203 Farmington CT 06032		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Everest National Insurance Company NAIC # 10120 INSURER B: Great American Insurance Company 16691 INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 63038

REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: PER EVENT	Y	SI8ML03094-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PARTICIPANT LEGAL LIAB \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		SI8ML03094-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0		SI8EX02125-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A				PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
B	Accident Medical		E899138-01	9/1/2023	9/1/2024	PER INJURY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate issued for sanctioned activities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of:

Hamden Soccer Association

Spring Season

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## Building Use Checklist

Event Info:

Special Olympics

March 15 - May 10<sup>th</sup>

☒ Event Information sheet

☐ Addendum A N/A

☒ Rules and Regulations signed

☒ Complete COVID protocols (details needed)

☐ Fee Calculations

☐ Rent

☐ Utilities

☐ Security (for times when the public is there)

☐ Custodial Services

☐ Additional information needed

☐ Does this event recur annually? NO

☐ How long has the vendor been using facilities? 1<sup>st</sup> time

## APPLICATION FOR USE OF SCHOOL BUILDING

Date Feb 8 2024

(Name of Organization)

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

Percentage of Hamden Performers: 100%

**TEAM: Special Olympics Hamden**

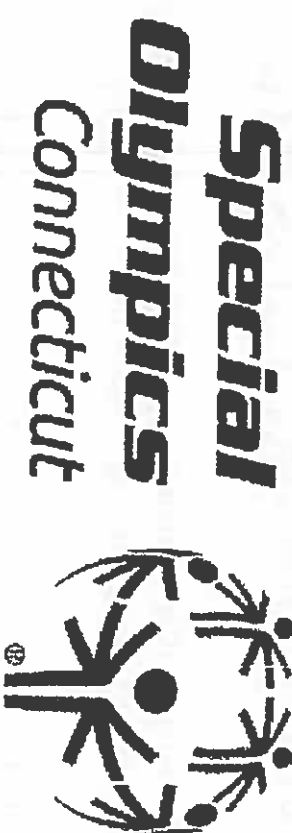
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THE UNIVERSITY OF CHICAGO PRESS

# December Local Coordinator ZOOM Call

## 2023 Winter Activities

12-6-23



## Updated COVID Protocols

- Notify SOCT if a member of your program tests positive after attending one of your practices or SOCT competition
- ❖ If the Person test positive for COVID, they should contact their health care provider. They should also notify local coordinator.
- ❖ Do not return to SO Activities for a period of 5 days

- ❖ Wear a mask the next 5 days unless you test negative on day 5 or 6
- If there is a contact with a person who tests positive for COVID:
  - ❖ If fully vaccinated – recommend get PCR or OTC antigen test within 5-6 days of exposure for peace of mind sake
  - ❖ If unvaccinated and/or symptomatic – take PCR or OTC antigen test within 5-6 days of contact.
  - ❖ Do not attend SOCT practice or event until receiving a test negative PCR Test or two negative OTC antigen tests taken 24 hours apart.
- COVID is still around. We will monitor the information coming out from the State of Connecticut, Special Olympics North America and out Medical Avir.

## **2024 SOCT Winter Games**

### **March 2nd & 3rd, 2024 – Sports staff**

**Floor Hockey – Unified Team & Skills – March 2<sup>nd</sup> & 3<sup>rd</sup> , Pratt & Whitney Museum**

**- Number of Days TBD based on Registrations, No Divisioning**



## RULES AND REGULATIONS

3513

For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes

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- MC 7. A permit is not valid unless signed by the Superintendent or his/her designee.
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- MC 9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
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MC 15. Payments may be mailed or hand-delivered to 50 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

*If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public-school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required*

I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

Amber Tencic

(Signature)

(Date)

February 12, 2024

Amber Tencic, CFO & CDO Special Olympics Connecticut, Inc.

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHEDULE OF RENTAL CHARGES FOR USE OF PUBLIC-SCHOOL FACILITIES AND SITES

All applications are based on tentative approval and are subject to revocation at BOE discretion.

### Group I Official Town organizations and agencies such as Parks & Recreations, Mayor's Office, Legislative Council, Registrar of Voters, etc.; Organizations whose activities are conducted for the benefit of children such as PTA, PTSO, etc., Organizations that carry out Board of Education sponsored activities such as after school tutoring, summer school programs, professional development, etc.

Group II Civic organizations for the benefit of Hamden residents that carry out official Hamden civic or recreational activities such as: neighborhood associations, sports associations sponsored by the Parks & Recreation department, arts associations sponsored by the Town of Hamden Arts Commission, etc.; Town of Hamden sponsored community events such as parades, concerts, etc.

Group III Hamden-based community organizations and non-profit groups whose activities are unrelated to school children or education, such as: Women's and men's service clubs or fraternal organizations, religious groups, political groups (including any Hamden-based political organizations) Boy Scouts, Girl Scouts, YMCA, etc.

Group IV All other organizations or groups and "for profits" such as dance studios, private schools, commercial entities, etc. as well as non-Hamden based community organizations, non-profit groups, and private events.

Group I - No fees  
Group II - Direct labor costs and technical fees  
Group III - Utilities, direct labor costs and technical fees  
Group IV - Rental fees, utilities, direct labor costs and technical fees

Group II, III, and IV applicants will be assessed a \$45.00 processing fee. This fee is refundable only if application is denied. Payments may be mailed or hand delivered to 50 Putnam Avenue, Hamden, CT 06517. Attention to: Finance or Facilities Department.

### Technical Fees (Sound, lighting, equipment)

Sound Supervisor	\$130 per hour
Lighting Supervisor	\$130 per hour
Professional Technician	\$50 per hour
Student Technician	\$30 per hour
Sound System Usage (performance or rehearsal day)	\$50 per hour
Lighting System Usage (performance or rehearsal day)	\$90 per hour

\*Technician, Supervisor, and System Usage fees will be billed after event.

\*\* Based on HPS Energy Program, events must use minimal space requested and time frame.

ROOM RENTAL FEES		GROUP I, II, III		GROUP IV
Hamden High	Auditorium (Capacity 600)	\$0		\$1500/day
	Black Box	\$0		\$750/day
	Dressing Rooms	\$0		\$150/day
	Gymnasium	\$0		\$750/day
	C107	\$0		\$450/day
Hamden Middle	Cafeteria	\$0		\$600/day
	Classroom	\$0		\$225/day
	Auditorium (Capacity 500)	\$0		\$1500/day
	Gymnasium	\$0		\$450/day
	Cafeteria	\$0		\$600/day
Elementary	Classroom	\$0		\$225/day
	Auditorium	\$0		\$450/day
	Gymnasium	\$0		\$450/day
	Cafeteria	\$0		\$375/day
	Classroom	\$0		\$225/day

### Custodian Fees<sup>1</sup>:

Time and one-half  
Double Time

\$45.54 per hour Monday - Saturday  
\$60.72 per hour Sunday and Holidays

### Security Fees<sup>2</sup>:

Time and one-half  
Double Time

\$31.76 per hour Monday - Saturday  
\$42.34 per hour Sunday and Holidays

Utility Fee (Group III & IV) \$60.00 per hour (Was \$30/Hour)

<sup>1</sup> Group I, II, III, and IV applicants are responsible for direct custodial costs. Custodial fees are based on a minimum of three hours, including one hour to open/set up, two hours (minimum) to close and the actual hours of the event. Custodians will be hired based on the amount of anticipated attendance. (i.e. 150 = 1 custodian, 151-300 = 2 custodians, 300-450 = 3 custodians, etc)

<sup>2</sup> Group II, III, and IV are responsible for security fees when security officers are required for an event. Security fees are based on a minimum of three hours or the actual hours of the event, whichever is greater. Guards will be hired based on the amount of anticipated attendance. (i.e. 150 = 1 guard, 151-300 = 2 guards, 300-450 = 3 guards, etc)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Insurance Company	CONTACT NAME		FAX	
		PHONE (A/C No. Ext.)		(A/C No.)	
INSURED	Applicant	INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A:			
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDITIONAL INFORMATION	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b>					
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$
					MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					AGGREGATE - COMPROP AGG \$ 2,000,000
<b>UTILITY LIABILITY</b>					
<input type="checkbox"/> ANY AUTO					CONTINGENT SINGLE LIMIT \$
<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
<input type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 2,000,000
<b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 2,000,000
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				WC STATUTORY LIMITS \$
If yes, describe under DESCRIPTION OF OPERATIONS below.					OTH-ER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Hamden Board of Education, It's Governing Board, Officials, Agents and Employees and Facilities.

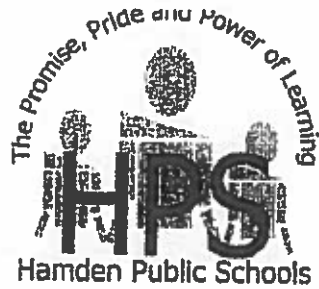
## CERTIFICATE HOLDER

## CANCELLATION

Hamden Public Schools  
60 Putnam Ave  
Hamden Ct 06517

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



## **INSURANCE REQUIREMENTS FOR USE OF BOE FACILITIES**

The BOE insurance requirements for the use of School Facilities requires limits in the amount of:

General Liability:	\$1,000,000.00 per occurrence
General Aggregate:	\$2,000,000.00
Excess:	\$2,000,000.00

Please provide your insurance agent with a copy of this notice prior to submitting your Certificate of Insurance. Certificates of Insurance are required to be submitted with your application for use of the facility at least one (1) week prior to the date of use and must:

- 1) Identify Hamden Public Schools as a certificate holder.
- 2) Name the Hamden Board of Education, its Governing Board, Officials, Agents and Employees as additional insureds.
- 3) Include the language "on a primary, non-contributory basis" and "waiver of subrogation applies in favor of the Hamden Board of Education and all other required parties". Copies of the endorsements for the additional insured and primary non-contributory, waiver of subrogation language must be provided.
- 4) Events where alcoholic beverages will be served / sold must include Liquor Liability coverage with limits \$1,000,000 per occurrence and \$2,000,000 aggregate.
- 5) Sports Leagues / Camps / Clinics must include Sexual Abuse and Molestation coverage with limits of \$1,000,000 per occurrence and \$2,000,000 aggregate.

The Hamden Board of Education reserves the right in its sole discretion to require additional insurance.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following: COMMERCIAL

GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Person Or Organization:**

HAMDEN BOARD OF EDUCATION, ITS GOVERNING BOARD, OFFICIALS, AGENTS AND  
EMPLOYEES

**SAMPLE**

Information required to complete this Schedule, if not shown above, will be shown in the Declaration.

The following is added to Paragraph 8. Transfer Of  
Rights Of Recovery Against Others To Us of Section  
IV - Conditions:

We waive any right of recovery we may have against the  
person or organization shown in the Schedule above  
because of payments we make for injury or damage arising  
out of your ongoing operations or "your work" done under a  
contract with that person or organization and included in the  
"products-completed operations hazard. This waiver  
applies only to the person or organization shown in the  
Schedule above.

COMMERCIAL GENERAL LIABILITY  
CG20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON OR  
ORGANIZATION**

Policy Number;  
Insured:

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Hamden Public Schools 60 Putnam Ave Hamden, CT 06517
Information required to complete this Schedule. If not shown above will be shown in the Declarations.

Section II WHO IS AN INSURED is amended to include AS an Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions of the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

named here are liable for occurrences arising out of the named insured's negligent acts or omissions, the Insurance afforded to the additional insureds under this endorsement is primary Insurance over any other valid or collectible Insurance which the additional insureds may have with respect to loss under any of the listed policies. Other Insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other Insurance.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/12/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> American Specialty Insurance & Risk Services, Inc.  7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No. Ext): <b>E-MAIL ADDRESS:</b>		<b>FAX</b> (A/C, No):
<b>INSURED</b> Special Olympics, Inc. 1133 19th Street NW Washington DC 20036		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b> 18058

**COVERAGES**

CERTIFICATE NUMBER: 1002211465

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y Y	PHPK2638240	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000					
	MED EXP (Any one person) \$ Excluded					
	PERSONAL & ADV INJURY \$ 1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OTHER						GENERAL AGGREGATE \$ 5,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		PHPK2638240	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		PHUB894526	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- Coverage applies to the following: SPECIAL OLYMPICS CONNECTICUT, 2666 STATE STREET SUITE 1, HAMDEN, CT 06517.

- Named Insured (cont'd): All Special Olympics Accredited U.S. Programs

**CERTIFICATE HOLDER**

Hamden Public Schools Hamden Board of Education, It's Governing Board, Officials, Agents and Employees and Facilities

60 Putnam Ave

Hamden

CT 06517

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

<b>AGENCY</b> American Specialty Insurance & Risk Services, Inc.		<b>NAMED INSURED</b> Special Olympics, Inc. 1133 19th Street NW Washington, DC 20036	
<b>POLICY NUMBER</b> PHPK2638240		<b>EFFECTIVE DATE:</b> 12/31/2023	
<b>CARRIER</b> Philadelphia Indemnity Insurance Company	<b>NAIC CODE</b> 18058		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1002211465

- The Hired Auto Physical Damage limit contains a \$1,000 collision deductible and a \$100 other than collision deductible (for commercially rented vehicles only). Nonowned and Hired Auto (NOHA) liability is excess of any valid and collectible insurance.
- Coverage for property you rent or occupy, property loaned to you and property in the care, custody, or control of the Insured, \$100,000 limit subject to a \$2,500 deductible per loss, excluding watercraft, aircraft, and autos.
- The Certificateholder is only an Additional Insured with respect to liability caused by the negligence of the Named Insured as per Form PI-AM-002-Additional Insured-Certificateholders, as respects to the SPECIAL OLYMPICS CONNECTICUT, SWIMMING PRACTICE from March 15, 2024 through May 10, 2024.
- The General Liability policy includes Waiver of Subrogation as per Form CG 2404 Waiver of Transfer of Rights of Recovery Against Others to Us.
- The general liability includes Form PI-GL-005 Additional Insured - Primary and Non-Contributory Insurance as required by written contract executed by the named Insured prior to an occurrence resulting in a loss or claim.
- Abusive Conduct Incident Sublimit: \$1,000,000; Aggregate Sublimit of Insurance: \$2,000,000; \$100,000 Self-Insured Retention applies

Event Info:

## Building Use Checklist

Spring Family Event  
Town of Hamden

3/21 6-9pm

- ☒ Event Information sheet
- ☒ Addendum A
- ☒ Rules and Regulations signed
- ☐ Complete COVID protocols (details needed)
- ☒ Fee Calculations
  - ☐ Rent
  - ☐ Utilities
  - ☐ Security (for times when the public is there)
  - ☐ Custodial Services
- ☐ Additional information needed
  - ☐ Does this event recur annually? No
  - ☐ How long has the vendor been using facilities?

FSD # \_\_\_\_\_

**Hamden Public Schools**

60 Putnam Avenue

Hamden, CT 06517

**APPLICATION FOR USE OF SCHOOL BUILDING**

Applications **must** be filed at least **SIX WEEKS** before the day for which it is made but will not be accepted prior to **SIX Months** before the event date

Date 2/7/24

To the Board of Education:

The undersigned hereby make application on behalf of Town of Hamden Community Services  
(Name of Organization)

as association formed for Spring Family Event  
(Event Title) for permission to use the

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

**Hamden High School**

- ☐ Auditorium ☐ Black Box ☐ Dressing Rooms  
☐ Gymnasium  
☐ C107  
☐ Cafeteria  
☐ Classroom  
☐ Athletic Field

**Hamden Middle School**

- ☐ Auditorium  
☐ Gymnasium  
☐ Cafeteria  
☐ Classroom  
☐ Music/Band Room

**Central Office**

- ☒ Gymnasium + Room across the Hall  
☐ Board Room  
☐ Room 101

**Elementary Schools:**

- ☐ Bear Path  
☐ Church Street  
☐ Dunbar Hill  
☐ Helen Street  
☐ Ridge Hill  
☐ Shepherd Glen  
☐ Spring Glen  
☐ West Woods  
☐ Wintergreen

Please choose from  
the elementary  
room options  
below:

- ☐ Classroom  
☐ Cafeteria  
☐ Gymnasium

**\* Equipment Needed:**

HHS/HMS: See Addendum A and return with this form.

**Elementary Schools:**

- ☐ Tables (how many) \_\_\_\_\_  
☐ Chairs (how many) \_\_\_\_\_  
☐ Other Needs: \_\_\_\_\_

\* Will need  
 12 Tables,  
 and chairs

**REHEARSAL / PREPARATION**

Date	Time (From/To)

How many people will attend the rehearsal? \_\_\_\_\_

Will your event require set up? Yes ☐ No ☐If yes, when do you plan to set up?  
 \_\_\_\_\_  
 \_\_\_\_\_**EVENT INFORMATION**

\*If multiple dates, please indicate clearly information for each date

Date	Arrival Time	Event Time	End Time
3/21/24	6:00	6:00	9:00

Number of Performers/Presenters: \_\_\_\_\_

Anticipated Attendance: 100Admission Charge: 0

Percentage of Hamden Performers: \_\_\_\_\_

FSD #

3513

PRINT names of applicants. Please write legibly if not typed.

Contact NameAddress (Number, Street, Town, Zip)TelephoneEmail Address

Annemarie Kargvas 11 Pine Street  
 Sharon Jones 11 Pine Street  
 Yitishah Lopez 11 Pine Street

203-562-5129 Ext 1113  
 203-562-5129 Ext 1126  
 203-562-5129 Ext 1111

RULES AND REGULATIONS

For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes

Please Initial each numbered guideline

- AmK 1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
- AmK 2. When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
- AmK 3. If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
- AmK 4. The building is to be used only on the date specified and for the purpose named in the permit. Nobody from the renting organization will be allowed to enter the building prior to the time stipulated in this contract. Setup and rehearsal time must be reflected on the application.
- AmK 5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
- AmK 6. A permit is not transferable.
- AmK 7. A permit is not valid unless signed by the Superintendent or his/her designee.
- AmK 8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
- AmK 9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
- AmK 10. Use of auditoriums does not include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs. Due to

FSD # \_\_\_\_\_

staffing shortages, please be advised that we may not be able to fully staff your event. It would be in your best interest to investigate and hire your own audio-visual equipment and workers as the district cannot guarantee staffing for every event.

11. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.
12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)
13. We cannot reserve any date(s) before the approval of your application. Therefore, return this application as soon as possible.
14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status.
15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

*If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public-school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required*

**I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:**

(Signature) \_\_\_\_\_ (Date) 2/7/24

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_

FSD # \_\_\_\_\_

**ADDENDUM A – For High School and Middle School Auditorium Events**  
(please check your response and fill in when appropriate)

Will you need a podium? Yes ☐ No ☒

How many tables will you need? 12 Location: Gym

How many movable chairs will you need? 60 Location: Gym

Will you need stage lighting for your event? Yes ☐ No ☒  
\*If no, you will NOT be allowed to access any stage lights, only the overhead work lights.

How many follow spotlights will you need? 0 ☒ 1 ☐ 2 ☐  
\*Only our trained technicians are allowed to use our spotlights.

Will you need sound for your event? Yes ☐ No ☒  
\*You may bring in your own sound for the event. If you choose that option, our sound system including mixing board, amplifiers, speakers and microphones will not be available for your use.

Will you need us to play music during your event? Yes ☐ No ☒  
\*Must be on a single CD or USB stick in the correct order. Note: We will not be able to do any editing.

Will you be using our microphones? Yes ☐ No ☒

If yes, # of wireless handheld microphones \_\_\_\_\_  
\*Up to two are available at each location

If yes, # of wired handheld microphones \_\_\_\_\_  
\*Up to six are available at each location

If yes, # of floor (tap) microphones \_\_\_\_\_  
\*Only available at the high school location

Will you need Stage Manager / Hands provided by us? 0 ☒ 1 ☐ 2 ☐  
\*Note: If you plan to have curtains open/close or anything flown in, a minimum of 1 stage hand must be contracted. If you need contact with both sides of the stage, then 2 stage hands will be needed.

Will you be using any projections for your event? Yes ☐ No ☒

Will your projections include sound (movies)? Yes ☐ No ☒

Check One:

- ☐ We will provide our own person to handle the projections  
☐ I request that a technician from HPS handle the projections

Special requests/Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*A technical supervisor will contact you to verify all requests

\_\_\_\_\_(Initial)

**OFFICE USE ONLY**

\_\_\_\_ Supervisor  
\_\_\_\_ Lighting Board Operator  
\_\_\_\_ Sound Operator  
\_\_\_\_ Spotlight 1  
\_\_\_\_ Spotlight 2  
\_\_\_\_ SM  
\_\_\_\_ ASM  
\_\_\_\_ Projection Specialist

## Fee Calculations

### Town of Hamden Community Services Spring Family Event 3.21.24

Processing Fee: \$45

Rooms	Days	Fee	Total
Auditorium			\$0.00
Black-Box (HHS Only)			\$0.00
Dressing Rooms (HHS Only)			\$0.00
C107 (HHS Only)			\$0.00
Gymnasium	1		\$0.00
Cafeteria			\$0.00
Classroom			\$0.00
Music/Band Room (HMS Only)			\$0.00
Field			\$0.00

#### Utilities

Fee	Hours	Total
\$60.00	0	\$0.00

#### Security (if required)

Fee		Guards	Hours	Total
Monday - Saturday	\$31.76	1	3	\$95.28
Sunday	\$42.34			\$0.00

#### Custodial Services

Monday - Saturday	\$45.54	Hours	Total
Open	1	1	\$45.54
Event	1	3	\$136.62
Clean Up	1	1	\$45.54

Sunday	\$60.72	Hours	Total
Open	1		\$0.00
Event	1		\$0.00
Clean Up	2		\$0.00

**TOTAL FEES: \$367.98**

## **Building Use Checklist**

Event Info:

Schovah's Witnesses
3/24/24 6-8:30

- ☒ Event Information sheet
- ☒ Addendum A
- ☒ Rules and Regulations signed
- ☐ Complete COVID protocols (details needed)
- ☐ Fee Calculations
  - ☐ Rent
  - ☐ Utilities
  - ☐ Security (for times when the public is there)
  - ☐ Custodial Services
- ☐ Additional information needed
  - ☐ Does this event recur annually?
  - ☐ How long has the vendor been using facilities?



FSD # \_\_\_\_\_

**Hamden Public Schools**  
 60 Putnam Avenue  
 Hamden, CT 06517  
**APPLICATION FOR USE OF SCHOOL BUILDING**

Date 11.17.2023

To the Board of Education:

WINTERGREEN HILLS CONGREGATIONThe undersigned hereby make application on behalf of OF JEHOVAH'S WITNESSES

(Name of Organization)

as association formed for MEMORIAL OF JESUS CHRIST DEATH for permission to use the  
 (Event Title)

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

**Hamden High School**

- ☐ Auditorium ☐ Black Box ☐ Dressing Rooms  
☐ Gymnasium  
☐ C107  
☐ Cafeteria  
☐ Classroom  
☐ Athletic Field

**Hamden Middle School**

- ☒ Auditorium  
☐ Gymnasium  
☐ Cafeteria  
☐ Classroom  
☐ Music/Band Room

**Central Office**

- ☐ Gymnasium  
☐ Board Room  
☐ Room 101

**Elementary Schools:**

- Bear Path ☐  
 Church Street ☐  
 Dunbar Hill ☐  
 Helen Street ☐  
 Ridge Hill ☐  
 Shepherd Glen ☐  
 Spring Glen ☐  
 West Woods ☐  
 Wintergreen ☐

Please choose from  
the elementary  
room options  
below:

- ☐ Classroom  
☐ Cafeteria  
☐ Gymnasium

**Equipment Needed:**

HHS/HMS: See Addendum A and return with this form.

**Elementary Schools:**

- ☐ Tables (how many) \_\_\_\_\_  
☐ Chairs (how many) \_\_\_\_\_  
☐ Other Needs: \_\_\_\_\_

**REHEARSAL / PREPARATION**

Date	Time (From/To)

How many people will attend the rehearsal? \_\_\_\_\_

Will your event require set up? Yes ☐ No ☒If yes, when do you plan to set up?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_**EVENT INFORMATION**

\*If multiple dates, please indicate clearly information for each date

Date	Arrival Time	Event Time	End Time
<u>3.24.24</u>	<u>6:00 PM</u>	<u>7:00 PM</u>	<u>8:30 PM</u>

Number of Performers/Presenters: \_\_\_\_\_

Anticipated Attendance: 400Admission Charge: \$

Percentage of Hamden Performers: \_\_\_\_\_

**PRINT** names of applicants. Please write legibly if not typed.

<u>Contact Name</u>	<u>Address (Number, Street, Town, Zip)</u>	<u>Telephone</u>
<u>RICKY JONES</u>	<u>7 CHARLTON HILL RD HANDEN 06518</u>	<u>203 214-7582</u>
<u>JOEL S. WILLIAMS</u>	<u>RICKYDARJONES@SBCGLOBAL.NET</u>	<u>203 747-5355</u>
<u>PAUL BONIN</u>	<u>4 SKIFF ST HAMDEN CT 06514</u> <u>131 LANE ST. Hamden CT 06514</u> <u>LETA 53 @ GMAIL.COM</u>	

### RULES AND REGULATIONS

For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes

- RS 1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
- RS 2. When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
- RS 3. If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
- RS 4. The building is to be used only on the date specified and for the purpose named in the permit. Nobody from the renting organization will be allowed to enter the building prior to the time stipulated in this contract. Setup and rehearsal time must be reflected on the application.
- RS 5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
- RS 6. A permit is not transferable.
- RS 7. A permit is not valid unless signed by the Superintendent or his/her designee.
- RS 8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
- RS 9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
- RS 10. Use of auditoriums does not include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs. Due to

FSD # \_\_\_\_\_

staffing shortages, please be advised that we may not be able to fully staff your event. It would be in your best interest to investigate and hire your own audio-visual equipment and workers as the district cannot guarantee staffing for every event.

RI 11. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.

RI 12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)

RI 13. We cannot reserve any date(s) before the approval of your application. Therefore, return this application as soon as possible.

RI 14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status.

15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

*If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public-school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required*

I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

(Signature)

(Date)

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_

FSD # \_\_\_\_\_

**ADDENDUM A – For High School and Middle School Auditorium Events**

(please check your response and fill in when appropriate)

Will you need a podium? Yes ☒ No ☐How many tables will you need? 0 Location: \_\_\_\_\_How many movable chairs will you need? 0 Location: \_\_\_\_\_Will you need stage lighting for your event? Yes ☐ No ☒*\*If no, you will NOT be allowed to access any stage lights, only the overhead work lights.*How many follow spotlights will you need? 0 ☒ 1 ☐ 2 ☐*\*Only our trained technicians are allowed to use our spotlights.*Will you need sound for your event? Yes ☒ No ☐*\*You may bring in your own sound for the event. If you choose that option, our sound system including mixing board, amplifiers, speakers and microphones will not be available for your use.*Will you need us to play music during your event? Yes ☒ No ☐*\*Must be on a single CD or USB stick in the correct order. Note: We will not be able to do any editing.*Will you be using our microphones? Yes ☒ No ☐If yes, # of wireless handheld microphones 2*\*Up to two are available at each location*

If yes, # of wired handheld microphones \_\_\_\_\_

*\*Up to six are available at each location*

If yes, # of floor (tap) microphones \_\_\_\_\_

*\*Only available at the high school location*Will you need Stage Manager / Hands provided by us? 0 ☒ 1 ☐ 2 ☐*\*Note: If you plan to have curtains open/close or anything flown in, a minimum of 1 stage hand must be contracted. If you need contact with both sides of the stage, then 2 stage hands will be needed.*Will you be using any projections for your event? Yes ☐ No ☒Will your projections include sound (movies)? Yes ☐ No ☒

Check One:

☐ We will provide our own person to handle the projections☐ I request that a technician from HPS handle the projections

Special requests/Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**\*\*A technical supervisor will contact you to verify all requests**

\_\_\_\_\_(Initial)

**OFFICE USE ONLY**

\_\_\_\_ Supervisor

\_\_\_\_ Lighting Board Operator

\_\_\_\_ Sound Operator

\_\_\_\_ Spotlight 1

\_\_\_\_ Spotlight 2

\_\_\_\_ SM

\_\_\_\_ ASM

\_\_\_\_ Projection Specialist

FSD # \_\_\_\_\_

PRINT names of applicants.

Contact Name	Address (Number, Street, Town, Zip)	Telephone	Email Address
Ricky Jones	7 CHARLTON HILL RD HAMDEN 06518	203-214-7582	RICKDARJONES1@SBCGLOBAL.NET
Joel Williams	4 SKIFF ST HAMDEN 06514	203-747-5355	ATIMEK123@gmail.com
PAUL BONIN	131 LANE ST. Hamden 06514	203-915-7971	LETAR53@gmail.com

**RULES AND REGULATIONS**

**3513R**

**For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes**

- The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
- When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
- If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
- The building is to be used only on the date specified and for the purpose named in the permit. Nobody from the renting organization will be allowed to enter the building prior to the time stipulated in this contract. Setup and rehearsal time must be reflected on the application.
- A permit can be **canceled** without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
- A permit is not transferable.
- A permit is not valid unless signed by the Superintendent or his/her designee.
- No food or refreshments** are to be served or eaten on the premise, unless specifically mentioned in contract. **Food or drink is not** to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
- When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
- When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.
- Use of auditoriums **does not** include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs.
- A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)
- We **cannot** reserve any date(s) before receipt of this application. Therefore, return this application as soon as possible.
- Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status. \_\_\_\_\_ (Please Initial)

I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

(Signature) [Signature] (Date) 11-9-23

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ (Initial)

FSD # \_\_\_\_\_

Please describe how you plan to comply with the state and CDC Covid-19 guidelines for your event. Please include both the plan for audience (capacity, seating, entry and exit) as well as performers on stage and back stage (masks, social distancing, etc). We must have this information before the Board will consider your request for facility use. (If easier, you may attach a separate document with your protocols)

THERE WILL ONLY BE A MAXIMUM OF 2 PEOPLE  
AT ANY GIVEN TIME ON THE STAGE ALL OTHERS  
WILL BE SEATED IN THE AUDITORIUM.

(Initial)



## CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1  
DATE (MM/DD/YYYY)  
12/12/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> Willis Towers Watson Certificate Center NAME: <b>PHONE</b> 1-877-945-7378 <b>(A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> certificates@willis.com <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Arch Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Wintergreen Hills Congregation of Jehovah's Witnesses 885 Wintergreen Avenue Hamden, CT 06514	<b>FAX</b> 1-888-467-2378 <b>(A/C, No):</b> <b>NAIC #</b> 11150

### COVERAGES

CERTIFICATE NUMBER: W31378044

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  AGGREGATE LIMIT APPLIES PER: ICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC IER: <input checked="" type="checkbox"/>	Y		11GPP1057202	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY  SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB  OCCUR CLAIMS-MADE  DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$

<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A					PER STATUTE	OTHER	
							E.L. EACH ACCIDENT		\$
							E.L. DISEASE - EA EMPLOYEE		\$
							E.L. DISEASE - POLICY LIMIT		\$

(DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Congregation number) : 82610

Event Type: Memorial.

Event Date: 03/24/24

FACILITY INFORMATION: Hamden Middle School, 2623 Dixwell Avenue, Hamden CT 06514

Certificate Holder is included as an Additional Insured as respects to General Liability.

#### CERTIFICATE HOLDER

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE  
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN  
ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Hamden Public Schools  
60 Putnam Avenue



Hamden, CT 06517

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SR ID: 25101470

BATCH: 3242563



## Fee Calculations

Wintergreen Hills Congregation of Jehovah's Witnesses 3.24.24

**Processing Fee:** \$45

Rooms	Days	Fee	Total
Auditorium	1		\$0.00
Black Box (HHS Only)			\$0.00
Dressing Rooms (HHS Only)			\$0.00
C107 (HHS Only)			\$0.00
Gymnasium			\$0.00
Cafeteria			\$0.00
Classroom			\$0.00
Music/Band Room (HMS Only)			\$0.00
Field			\$0.00

### Utilities

Fee	Hours	Total
\$60.00	3	\$180.00

### Security (if required)

Fee		Guards	Hours	Total
Monday - Saturday	\$31.76	1		\$0.00
Sunday	\$42.34	1	3	\$127.02

### Custodial Services

Monday - Saturday	\$45.54	Hours	Total
Open	1		\$0.00
Event	1		\$0.00
Clean Up	1		\$0.00

Sunday	\$60.72	Hours	Total
Open	1	1	\$60.72
Event	1	3	\$182.16
Clean-Up	2	1	\$121.44

**TOTAL FEES: \$716.34**

## Building Use Checklist

Event Info:

Hamden Fathers'  
Football

4/14-7/18 Sun -  
5pm

☒ Event Information sheet

☐ Addendum A N/A Field only

☒ Rules and Regulations signed

☐ Complete COVID protocols (details needed)

☐ Fee Calculations N/A Field only

☐ Rent

☐ Utilities

☐ Security (for times when the public is there)

☐ Custodial Services

☐ Additional information needed

☐ Does this event recur annually? yes

☐ How long has the vendor been using facilities? many years

FSD # \_\_\_\_\_

### Hamden Public Schools

60 Putnam Avenue  
Hamden, CT 06517

### APPLICATION FOR USE OF SCHOOL BUILDING

Applications **must** be filed at least **SIX WEEKS** before the day for which it is made but will not be accepted prior to **SIX Months** before the event date

Date 2/11/29

To the Board of Education:

The undersigned hereby make application on behalf of

HAMDEN FATHERS FOOTBALL  
(Name of Organization)

as association formed for NFL Spring Coed Flag for permission to use the  
(Event Title)

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

#### Hamden High School

- ☐ Auditorium ☐ Black Box ☐ Dressing Rooms  
☐ Gymnasium  
☐ C107  
☐ Cafeteria  
☐ Classroom  
☐ Athletic Field

#### Hamden Middle School

- ☐ Auditorium  
☐ Gymnasium  
☐ Cafeteria  
☐ Classroom  
☐ Music/Band Room

#### Central Office

- ☐ Gymnasium  
☐ Board Room  
☐ Room 101

#### Elementary Schools:

- ☐ Bear Path ☐  
☐ Church Street ☐  
☐ Dunbar Hill ☐  
☐ Helen Street ☐  
☐ Ridge Hill ☐  
☐ Shepherd Glen ☐  
☐ Spring Glen ☐  
☐ West Woods ☐  
☐ Wintergreen ☐

Please choose from  
the elementary  
room options  
below:

- ☐ Classroom  
☐ Cafeteria  
☐ Gymnasium

#### Equipment Needed:

HHS/HMS: See Addendum A and return with this form.

#### Elementary Schools:

- ☐ Tables (how many) \_\_\_\_\_  
☐ Chairs (how many) \_\_\_\_\_  
☐ Other Needs: HAMDEN MIDDLE School  
FIELD

#### REHEARSAL / PREPARATION

Date 4/14 - 7/28 Time (From/To) 8 AM - 5 PM

How many people will attend the rehearsal? \_\_\_\_\_

Will your event require set up? Yes ☐ No ☒

If yes, when do you plan to set up?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EVENT INFORMATION

\*If multiple dates, please indicate clearly information for each date

Date	Arrival Time	Event Time	End Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Performers/Presenters: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Admission Charge: \_\_\_\_\_

Percentage of Hamden Performers: \_\_\_\_\_

FSD # \_\_\_\_\_

**PRINT** names of applicants. Please write legibly if not typed.

**Contact Name**

**Address (Number, Street, Town, Zip)**

Telephone

**Email Address**

CALVIN MCGEE

PO Box 185722  
Hamden

Telephone  
2639150427

HURRICANE POST OFFICE  
@COMCAST.NET

Please describe how you plan to comply with the state and CDC Covid-19 guidelines for your event. Please include both the plan for audience (capacity, seating, entry and exit) as well as performers on stage and back stage (masks, social distancing, etc). We must have this information before the Board will consider your request for facility use. (If easier, you may attach a separate document with your protocols)


[illegible]

RULES AND REGULATIONSFor the Use of the Hamden Public School Buildings for Other Than Regular School PurposesPlease Initial each numbered guideline

- CMP* 1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
- CMP* 2. When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
- CMP* 3. If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
- CMP* 4. The building is to be used only on the date specified and for the purpose named in the permit. Nobody from the renting organization will be allowed to enter the building prior to the time stipulated in this contract. Setup and rehearsal time must be reflected on the application.
- CMP* 5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
- CMP* 6. A permit is not transferable.
- CMP* 7. A permit is not valid unless signed by the Superintendent or his/her designee.
- CMP* 8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
- CMP* 9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
- CMP* 10. Use of auditoriums does not include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs. Due to staffing shortages, please be advised that we may not be able to fully staff your event. It would be in your best interest to investigate and hire your own audio-visual equipment and workers as the district cannot guarantee staffing for every event.
- CMP* 11. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.
- CMP* 12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)

FSD # \_\_\_\_\_

 13. We cannot reserve any date(s) before the approval of your application. Therefore, return this application as soon as possible.

 14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status.

 15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517, to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

*If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public-school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required*

 I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

(Signature)

  
(Date)

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_

FSD # \_\_\_\_\_

### ADDENDUM A – For High School and Middle School Auditorium Events

(please check your response and fill in when appropriate)

Will you need a podium? Yes ☐ No ☐

How many tables will you need? \_\_\_\_\_ Location: \_\_\_\_\_

How many movable chairs will you need? \_\_\_\_\_ Location: \_\_\_\_\_

Will you need stage lighting for your event? Yes ☐ No ☐

*\*If no, you will NOT be allowed to access any stage lights, only the overhead work lights.*

How many follow spotlights will you need? 0 ☐ 1 ☐ 2 ☐

*\*Only our trained technicians are allowed to use our spotlights.*

Will you need sound for your event? Yes ☐ No ☐

*\*You may bring in your own sound for the event. If you choose that option, our sound system including mixing board, amplifiers, speakers and microphones will not be available for your use.*

Will you need us to play music during your event: Yes ☐ No ☐

*\*Must be on a single CD or USB stick in the correct order. Note: We will not be able to do any editing.*

Will you be using our microphones? Yes ☐ No ☐

If yes, # of wireless handheld microphones \_\_\_\_\_

*\*Up to two are available at each location*

If yes, # of wired handheld microphones \_\_\_\_\_

*\*Up to six are available at each location*

If yes, # of floor (lap) microphones \_\_\_\_\_

*\*Only available at the high school location*

Will you need Stage Manager / Hands provided by us? 0 ☐ 1 ☐ 2 ☐

*\*Note: If you plan to have curtains open/close or anything flown in, a minimum of 1 stage hand must be contracted. If you need contact with both sides of the stage, then 2 stage hands will be needed.*

Will you be using any projections for your event? Yes ☐ No ☐

Will your projections include sound (movies)? Yes ☐ No ☐

Check One:

☐ We will provide our own person to handle the projections

☐ I request that a technician from HPS handle the projections

Special requests/Instructions: \_\_\_\_\_

**\*\*A technical supervisor will contact you to verify all requests**

\_\_\_\_\_(Initial)

#### OFFICE USE ONLY

\_\_\_\_ Supervisor

\_\_\_\_ Lighting Board Operator

\_\_\_\_ Sound Operator

\_\_\_\_ Spotlight 1

\_\_\_\_ Spotlight 2

\_\_\_\_ SM

\_\_\_\_ ASM

\_\_\_\_ Projection Specialist

## SCHEDULE OF RENTAL CHARGES FOR USE OF PUBLIC-SCHOOL FACILITIES AND SITES

All applications are based on tentative approval and are subject to revocation at BOE discretion.

**Group I** Official Town organizations and agencies such as Parks & Recreations, Mayor's Office, Legislative Council, Registrar of Voters, etc.; Organizations whose activities are conducted for the benefit of children such as PTA, PTSO, etc.; Organizations that carry out Board of Education sponsored activities such as after school tutoring, summer school programs, professional development, etc.

**Group II** Civic organizations for the benefit of Hamden residents that carry out official Hamden civic or recreational activities such as: neighborhood associations, sports associations sponsored by the Parks & Recreation department, arts associations sponsored by the Town of Hamden Arts Commission, etc.; Town of Hamden sponsored community events such as parades, concerts, etc.

**Group III** Hamden-based community organizations and non-profit groups whose activities are unrelated to school children or education, such as: Women's and men's service clubs or fraternal organizations, religious groups, political groups (including any Hamden-based political organizations) Boy Scouts, Girl Scouts, YMCA, etc.

**Group IV** All other organizations or groups and "for profits" such as dance studios, private schools, commercial entities, etc. as well as non-Hamden based community organizations, non-profit groups, and private events.

**Group I – No fees**

**Group II – Direct labor costs and technical fees**

**Group III – Utilities, direct labor costs and technical fees**

**Group IV – Rental fees, utilities, direct labor costs and technical fees**

Group II, III, and IV applicants will be assessed a \$45.00 processing fee. This fee is refundable only if application is denied. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 attention to Finance or Facilities Department

### Technical Fees (Sound, lighting, equipment)

Sound Supervisor	\$130 per hour
Lighting Supervisor	\$130 per hour
Professional Technician	\$50 per hour
Student Technician	\$30 per hour
Sound System Usage (performance or rehearsal day)	\$50 per hour
Lighting System Usage (performance or rehearsal day)	\$90 per hour

\*Technician, Supervisor, and System Usage fees will be billed after event.

\* \* Based on HPS Energy Program, events must use minimal space requested and time frame.

		ROOM RENTAL FEES	
		GROUP I, II, III	GROUP IV
Hamden High	Auditorium (Capacity 600)	\$0	\$1500/day
	Black Box	\$0	\$750/day
	Dressing Rooms	\$0	\$150/day
	Gymnasium	\$0	\$750/day
	C207	\$0	\$450/day
	Cafeteria	\$0	\$600/day
Hamden Middle	Classroom	\$0	\$225/day
	Auditorium (Capacity 500)	\$0	\$1500/day
	Gymnasium	\$0	\$450/day
	Cafeteria	\$0	\$600/day
Hamden Elementary	Classroom	\$0	\$225/day
	Auditorium	\$0	\$450/day
	Gymnasium	\$0	\$450/day
	Cafeteria	\$0	\$375/day
Hamden Elementary	Classroom	\$0	\$225/day

### Custodian Fees<sup>1</sup>:

Time and one-half	\$45.54 per hour Monday – Saturday
Double Time	\$60.72 per hour Sunday and Holidays

### Security Fees<sup>2</sup>:

Time and one-half	\$31.76 per hour Monday – Saturday
Double Time	\$42.34 per hour Sunday and Holidays

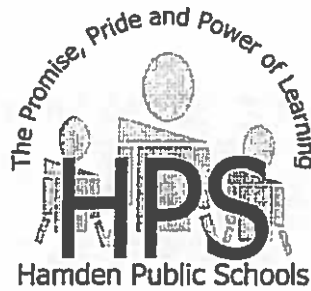
### Utility Fee (Group III & IV)

\$60.00 per hour (Was \$30/Hour)

<sup>1</sup> Group II, III, and IV applicants are responsible for direct custodial costs. Custodial fees are based on a minimum of three hours, including one hour to open/set up, two hours (minimum) to close and the actual hours of the event. Custodians will be hired based on the amount of anticipated attendance. (i.e: 150 = 1 custodian, 151-300 = 2 custodians, 300-450 = 3 custodians, etc)

<sup>2</sup> Group II, III, and IV are responsible for security fees when security officers are required for an event. Security fees are based on a minimum of three hours or the actual hours of the event, whichever is greater. Guards will be hired based on the amount of anticipated attendance. (i.e: 150 = 1 guard, 151-300 = 2 guards, 300-450 = 3 guards, etc)





## **INSURANCE REQUIREMENTS FOR USE OF BOE FACILITIES**

The BOE insurance requirements for the use of School Facilities requires limits in the amount of:

General Liability:	\$1,000,000.00 per occurrence
General Aggregate:	\$2,000,000.00
Excess:	\$2,000,000.00

Please provide your insurance agent with a copy of this notice prior to submitting your Certificate of Insurance. Certificates of Insurance are required to be submitted with your application for use of the facility at least one (1) week prior to the date of use and **must**:

- 1) Identify Hamden Public Schools as a certificate holder.
- 2) Name the Hamden Board of Education, its Governing Board, Official, Agents and Employees as additional insureds.
- 3) Include the language "on a primary, non-contributory basis" and "waiver of subrogation applies in favor of the Hamden Board of Education and all other required parties". Copies of the endorsements for the additional insured and primary non-contributory, waiver of subrogation language must be provided.
- 4) Events where alcoholic beverages will be served / sold must include Liquor Liability coverage with limits \$1,000,000 per occurrence and \$2,000,000 aggregate
- 5) Sports Leagues / Camps / Clinics must include Sexual Abuse and Molestation coverage with limits of \$1,000,000 per occurrence and \$2,000,000 aggregate

The Hamden Board of Education reserves the right in its sole discretion to require additional insurance.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Insurance Company	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED  Applicant	NAIC #

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	APPLICABLE INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 POLICYS - COMPROP AGG \$ 2,000,000
	GENT. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Hamden Board of Education, It's Governing Board, Officials, Agents and Employees and Facilities.

## CERTIFICATE HOLDER

## CANCELLATION

Hamden Public Schools  
60 Putnam Ave  
Hamden Ct 06517

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON OR  
ORGANIZATION**

Policy Number;  
Insured:

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Hamden Public Schools 60 Putnam Ave Hamden, CT 06517
Information required to complete this Schedule, if not shown above will be shown in the Declarations.

Section II WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions of the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

to the extent of the liability of the additional insureds

named here are liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following; COMMERCIAL

GENERAL LIABILITY COVERAGE PART

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Person Or Organization:**

HAMDEN BOARD OF EDUCATION, ITS GOVERNING BOARD, OFFICIALS, AGENTS AND  
EMPLOYEES

**SAMPLE**

Information required to complete this Schedule, if not shown above, will be shown in the Declaration.

The following is added to Paragraph 8. Transfer Of  
Rights Of Recovery Against Others To Us of Section  
IV - Conditions:

We waive any right of recovery we may have against the  
person or organization shown in the Schedule above  
because of payments we make for injury or damage arising  
out of your ongoing operations or "your work" done under a  
contract with that person or organization and included in the  
"products-completed operations hazard. This waiver  
applies only to the person or organization shown in the  
Schedule above.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Granite Insurance  
PO Box 620  
Granite Falls NC 28630

CONTACT  
NAME:  
PHONE  
(A/C, No, Ext): 828-396-3342 FAX  
(A/C, No): 828-396-3834  
E-MAIL  
ADDRESS:

INSURED  
International Tours & Events LLC DBA The Haunted Trolley  
315 Derby Ave  
Orange CT 06477

HAUNTR0-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Cincinnati Specialty Underwrit	13037
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

## COVERAGES

CERTIFICATE NUMBER: 830641198

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CSU 0207630	4/11/2023	4/11/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
INFORMATIONAL PURPOSES ONLY

## CERTIFICATE HOLDER

## CANCELLATION

INFORMATIONAL PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Event Info:

Candra's Christian Dance Company	
4/16/24	5:30-8pm
4/20/24	12-7pm

## Building Use Checklist

- ☒ Event Information sheet
- ☒ Addendum A
- ☒ Rules and Regulations signed
- ☐ Complete COVID protocols (details needed)
- ☒ Fee Calculations
  - ☐ Rent
  - ☐ Utilities
  - ☐ Security (for times when the public is there)
  - ☐ Custodial Services
- ☐ Additional information needed
  - ☐ Does this event recur annually? NO
  - ☐ How long has the vendor been using facilities? 1st

FSD # \_\_\_\_\_

### Hamden Public Schools

60 Putnam Avenue

Hamden, CT 06517

### APPLICATION FOR USE OF SCHOOL BUILDING

Applications **must** be filed at least **SIX WEEKS** before the day for which it is made but will not be accepted prior to **SIX Months** before the event date

Date 01/07/2024

To the Board of Education:

The undersigned hereby make application on behalf of Candra's Christian Dance Company

(Name of Organization)

as association formed for Spring Dance Recital for permission to use the  
(Event Title)

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

#### Hamden High School

- ☐ Auditorium ☐ Black Box ☐ Dressing Rooms  
☐ Gymnasium  
☐ C107  
☐ Cafeteria  
☐ Classroom  
☐ Athletic Field

#### Hamden Middle School

- ☒ Auditorium  
☐ Gymnasium  
☐ Cafeteria  
☒ Classroom  
☐ Music/Band Room

#### Central Office

- ☐ Gymnasium  
☐ Board Room  
☐ Room 101

#### Elementary Schools

- ☐ Bear Path  
☐ Church Street  
☐ Dunbar Hill  
☐ Helen Street  
☐ Ridge Hill  
☐ Shepherd Glen  
☐ Spring Glen  
☐ West Woods  
☐ Wintergreen

Please choose from  
the elementary  
room options  
below:

- ☐ Classroom  
☐ Cafeteria  
☐ Gymnasium

#### Equipment Needed:

HHS/HMS: See Addendum A and  
return with this form.

#### Elementary Schools:

- ☒ Tables (how many) 6  
☒ Chairs (how many) 12  
☒ Other Needs:

A classroom is needed to  
for the children to change their  
outfits

#### REHEARSAL / PREPARATION

Date <u>4-16-24</u>	Time (From/To) <u>5:30pm-8:00pm</u>
_____	_____
_____	_____
How many people will attend the rehearsal? <u>25</u>	
Will your event require set up? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, when do you plan to set up?	
_____	
_____	

#### EVENT INFORMATION

\*If multiple dates, please indicate clearly information for each date

Date <u>4/20/24</u>	Arrival Time <u>12:00pm</u>	Event Time <u>4:00pm</u>	End Time <u>7:00pm</u>
_____	_____	_____	_____
_____	_____	_____	_____
Number of Performers/Presenters: <u>25</u>			
Anticipated Attendance: <u>150</u>			
Admission Charge: <u>25.00</u>			
Percentage of Hamden Performers: <u>25%</u>			

FSD #

3513

PRINT names of applicants. Please write legibly if not typed.

Contact Name	Address (Number, Street, Town, Zip) Email Address	Telephone
Candra Bacote	1133 Dixwell Ave. Hamden, CT 06514 candraschristandanceco@gmail.com	203-751-0184

**RULES AND REGULATIONS****For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes****Please initial each numbered guideline**

1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
2. When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
3. If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
4. The building is to be used only on the date specified and for the purpose named in the permit. Nobody from the renting organization will be allowed to enter the building prior to the time stipulated in this contract. Setup and rehearsal time must be reflected on the application.
5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
6. A permit is not transferable.
7. A permit is not valid unless signed by the Superintendent or his/her designee.
8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
10. Use of auditoriums **does not** include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs. Due to



FSD # \_\_\_\_\_

staffing shortages, please be advised that we may not be able to fully staff your event. It would be in your best interest to investigate and hire your own audio-visual equipment and workers as the district cannot guarantee staffing for every event.

*CKB* 11. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.

*CKB* 12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)

*CKB* 13. We cannot reserve any date(s) before the approval of your application. Therefore, return this application as soon as possible.

*CKB* 14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status.

*CKB* 15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

*If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public-school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required*

I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

(Signature)

(Date)

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved, lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_

FSD # \_\_\_\_\_

**ADDENDUM A – For High School and Middle School Auditorium Events**

(please check your response and fill in when appropriate)

Will you need a podium?

Yes ☐No ☒How many tables will you need? 6Location: HallwayHow many movable chairs will you need? 12 Location: Hallway

Will you need stage lighting for your event?

Yes ☒No ☐*\*If no, you will NOT be allowed to access any stage lights, only the overhead work lights.*

How many follow spotlights will you need?

0 ☐1 ☒2 ☐*\*Only our trained technicians are allowed to use our spotlights.*

Will you need sound for your event?

Yes ☒No ☐*\*You may bring in your own sound for the event. If you choose that option, our sound system including mixing board, amplifiers, speakers and microphones will not be available for your use.*

Will you need us to play music during your event:

Yes ☒No ☐*\*Must be on a single CD or USB stick in the correct order. Note: We will not be able to do any editing.*

Will you be using our microphones?

Yes ☒No ☐If yes, # of wireless handheld microphones 1*\*Up to two are available at each location*

If yes, # of wired handheld microphones \_\_\_\_\_

*\*Up to six are available at each location*

If yes, # of floor (tap) microphones \_\_\_\_\_

*\*Only available at the high school location*

Will you need Stage Manager / Hands provided by us?

0 ☒1 ☐2 ☐*\*Note: If you plan to have curtains open/close or anything flown in, a minimum of 1 stage hand must be contracted. If you need contact with both sides of the stage, then 2 stage hands will be needed.*

Will you be using any projections for your event?

Yes ☒No ☐

Will your projections include sound (movies)?

Yes ☒No ☐

Check One:

☐ We will provide our own person to handle the projections☒ I request that a technician from HPS handle the projectionsSpecial requests/Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**\*\*A technical supervisor will contact you to verify all requests**CHB (Initial)**OFFICE USE ONLY**

\_\_\_\_ Supervisor

\_\_\_\_ Lighting Board Operator

\_\_\_\_ Sound Operator

\_\_\_\_ Spotlight 1

\_\_\_\_ Spotlight 2

\_\_\_\_ SM

\_\_\_\_ ASM

\_\_\_\_ Projection Specialist

## SCHEDULE OF RENTAL CHARGES FOR USE OF PUBLIC-SCHOOL FACILITIES AND SITES

- Group I** Official Town organizations and agencies such as Parks & Recreations, Mayor's Office, Legislative Council, Registrar of Voters, etc.; Organizations whose activities are conducted for the benefit of children such as PTA, PTSO, etc., Organizations that carry out Board of Education sponsored activities such as after school tutoring, summer school programs, professional development, etc.
- Group II** Civic organizations for the benefit of Hamden residents that carry out official Hamden civic or recreational activities such as: neighborhood associations, sports associations sponsored by the Parks & Recreation department, arts associations sponsored by the Town of Hamden Arts Commission, etc.; Town of Hamden sponsored community events such as parades, concerts, etc.
- Group III** Hamden-based community organizations and non-profit groups whose activities are unrelated to school children or education, such as: Women's and men's service clubs or fraternal organizations, religious groups, political groups (including any Hamden-based political organizations) Boy Scouts, Girl Scouts, YMCA, etc.
- Group IV** Hamden-based businesses with a physical address/building/location in Hamden. This includes organizations or groups and "for-profits" such as dance studios, private schools, commercial entities, etc.

### Group I – No fees

### Group II – Direct labor costs and technical fees

### Group III – Utilities, direct labor costs and technical fees

### Group IV – Rental fees, utilities, direct labor costs and technical fees

Group II, III, and IV applicants will be assessed a \$45.00 processing fee. This fee is refundable only if application is denied. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 attention to Finance or Facilities Department

### Technical Fees (Sound, lighting, equipment)

Sound Supervisor	\$130 per hour
Lighting Supervisor	\$130 per hour
Professional Technician	\$50 per hour
Student Technician	\$30 per hour
Sound System Usage (performance or rehearsal day)	\$50 per hour
Lighting System Usage (performance or rehearsal day)	\$90 per hour

\*Technician, Supervisor, and System Usage fees will be billed after event.

\*\* Based on HPS Energy Program, events must use minimal space requested and time frame.

All applications are based on tentative approval and are subject to revocation at BOE discretion.

	ROOM RENTAL FEES	
	GROUP I, II, III	GROUP IV
Auditorium (Capacity 600)	\$0	\$4500/day
Black Box	\$0	\$2250/day
Dressing Rooms	\$0	\$450/day
Gymnasium	\$0	\$2250/day
C107	\$0	\$1350/day
Cafeteria	\$0	\$1800/day
Classroom	\$0	\$675/day
Hamden High		
Auditorium (Capacity 500)	\$0	\$4500/day
Gymnasium	\$0	\$1350/day
Cafeteria	\$0	\$1800/day
Classroom	\$0	\$675/day
Hamden Middle		
Auditorium	\$0	\$1350/day
Gymnasium	\$0	\$1350/day
Cafeteria	\$0	\$1125/day
Classroom	\$0	\$675/day
Elementary		
Auditorium	\$0	\$1350/day
Gymnasium	\$0	\$1350/day
Cafeteria	\$0	\$1125/day
Classroom	\$0	\$675/day

### Custodian Fees<sup>1</sup>:

Time and one-half  
Double Time

\$45.54 per hour Monday – Saturday  
\$60.72 per hour Sunday and Holidays

### Security Fees<sup>2</sup>:

Time and one-half  
Double Time

\$31.76 per hour Monday – Saturday  
\$42.34 per hour Sunday and Holidays

### Utility Fee (Group III & IV)

\$180.00 per hour

<sup>1</sup> Group II, III, and IV applicants are responsible for direct custodial costs. Custodial fees are based on a minimum of three hours, including one hour to open/set up, two hours(minimum) to close and the actual hours of the event. Custodians will be hired based on the amount of anticipated attendance. (i.e: 150 = 1 custodian, 151-300 = 2 custodians, 300-450 = 3 custodians, etc)

<sup>2</sup> Group II, III, and IV are responsible for security fees when security officers are required for an event. Security fees are based on a minimum of three hours or the actual hours of the event, whichever is greater. Guards will be hired based on the amount of anticipated attendance. (i.e: 150 = 1 guard, 151-300 = 2 guards, 300-450 = 3 guards, etc)

## Fee Calculations

### Candra's Christian Dance Company

Processing Fee:               \$45

Rooms	Days	Fee	Total
Auditorium	2		\$0.00
Black-Box (HHS Only)			\$0.00
Dressing Rooms (HHS Only)			\$0.00
C107 (HHS Only)			\$0.00
Gymnasium			\$0.00
Cafeteria			\$0.00
Classroom	2		\$0.00
Music/Band Room (HMS Only)			\$0.00
Field			\$0.00

#### Utilities

Fee	Hours	Total
\$60.00	7	\$420.00

#### Security (if required)

Fee		Guards	Hours	Total
Monday - Saturday	\$31.76	2	7	\$444.64
Sunday	\$42.34			\$0.00

#### Custodial Services

Monday - Saturday	\$45.54	Hours	Total
Open		1	\$45.54
Event		7	\$45.54
Clean Up		1	\$45.54

Sunday	\$60.72	Hours	Total
Open	1		\$0.00
Event	1		\$0.00
Clean Up	2		\$0.00

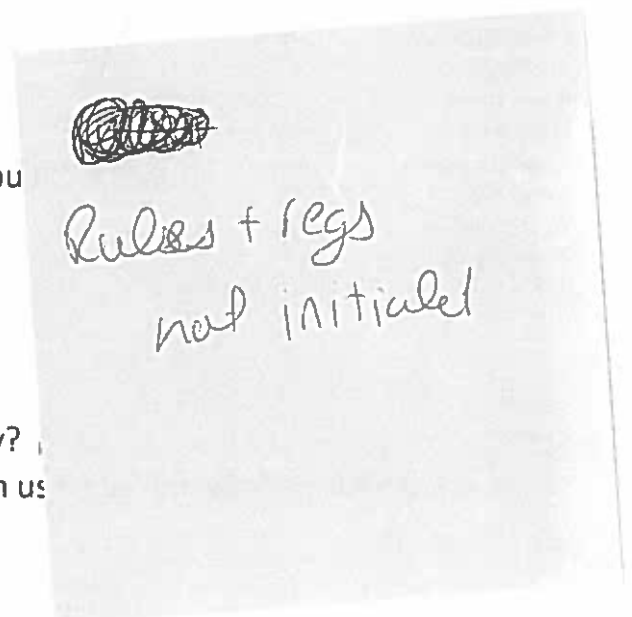
**TOTAL FEES:               \$1,046.26**

## Building Use Checklist

Event Info:

CT Para Conn
Sat + Sun 7/13 - 7/14 8-8pm

- ☒ Event Information sheet
- ☒ Addendum A
- ☐ Rules and Regulations signed
- ☒ Complete COVID protocols (details needed)
- ☒ Fee Calculations
  - ☐ Rent
  - ☐ Utilities
  - ☐ Security (for times when the pu
  - ☐ Custodial Services
- ☐ Additional information needed
  - ☐ Does this event recur annually?
  - ☐ How long has the vendor been us



FSD # \_\_\_\_\_

### Hamden Public Schools

60 Putnam Avenue  
Hamden, CT 06517

#### APPLICATION FOR USE OF SCHOOL BUILDING

Applications **MUST** be filed at least SIX WEEKS before the day for which it is made.

**Tentative approval, subject to revocation at BOE discretion. Application will not be accepted prior to SIX MONTHS before the event date.**

Date 2/13/24

To the Board of Education:

The undersigned hereby make application on behalf of CT ParaConn

(Name of Organization)

as association formed for Conventions for permission to use the (Event Title) CT ParaConn

(please check the box next to building AND rooms):

Hamden High School ☒ **GYMNASIUM**

Hamden Middle School ☐

Elementary Schools: Bear Path ☐

Church Street ☐

Dunbar Hill ☐

Helen Street ☐

Ridge Hill ☐

Shepherd Glen ☐

Spring Glen ☐

West Woods ☐

Wintergreen ☐

HHS: ☐ Auditorium/Black Box/Dressing Rooms

☐ Gymnasium

☒ **Gymnasium**

☐ Cafeteria

☐ Classroom

☐ Music/Band Room

Elementary Schools:

☐ C107

☐ Cafeteria

☐ Classroom

☐ Athletic Field/Pool (please circle option)

HMS: ☐ Auditorium

☐ Gymnasium

☐ Cafeteria

☐ Classroom

Equipment Needed:

HHS/HMS: See Addendum A and  
return with this form.

Elementary Schools:

☐ Tables (how many) \_\_\_\_\_ ☐ Chairs  
(how many) \_\_\_\_\_ ☐ Other Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EVENT INFORMATION

\*If multiple dates, please indicate clearly information for each date

Date Arrival Time Event Time End Time \_\_\_\_\_

**SATURDAY JULY 13 8am-6pm and SUNDAY JULY 14 11-6pm**

Number of Performers/Presenters 8 Guest Lecturers

Anticipated Attendance 500

Admission Charge \$19.99

Percentage of Hamden Performers undetermined

#### REHEARSAL / PREPARATION

Date Time (From/To)

\_\_\_\_\_ n/a \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many people will attend the rehearsal? n/a

Will your event require set up? Yes ☒ No ☐

If yes, when do you plan to set up?

\_\_\_\_\_ 8am Saturday \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required.

\_\_\_\_ CFR \_\_\_\_ (Initial)

FSD  
# \_\_\_\_\_

**PRINT** names of applicants.

**Contact Name Address (Number, Street, Town, Zip) Telephone Email Address**

\_\_\_\_ **Charles F. Rosenay, 315 Derby Avenue, Orange CT 06477 CTParaConn@gmail.com (203) 795-4737** \_\_\_\_

**RULES AND REGULATIONS**

***Other Than Regular School Purposes***  
**3513R**

***For the Use of the Hamden Public School Buildings for***

1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
2. When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
3. If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
4. The building is to be used only on the date specified and for the purpose named in the permit. Nobody from the renting organization will be allowed to enter the building prior to the time stipulated in this contract. Setup and rehearsal time must be reflected on the application.
5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
6. A permit is not transferable.
7. A permit is not valid unless signed by the Superintendent or his/her designee.
8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
10. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.
11. Use of auditoriums does not include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs.
12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)
13. We cannot reserve any date(s) before receipt of this application. Therefore, return this application as soon as possible.
14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status. \_\_\_\_ CFR \_\_\_\_ (Please Initial)

\_\_\_\_\_

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

(Initial)

Please describe how you plan to comply with the state and CDC Covid-19 guidelines for your event. Please include both the plan for audience (capacity, seating, entry and exit) as well as performers on stage and back stage (masks, social distancing, etc). We must have this information before the Board will consider your request for facility use. (If easier, you may attach a separate document with your protocols)

[illegible]



Blank lined area for notes or writing.

\_\_\_\_ (Initial)

FSD # \_\_\_\_\_

## ADDENDUM A – For High School and Middle School Auditorium Events

(please check your response and fill in when appropriate)

Will you need a podium? Yes ☐ No ☒

How many tables will you need? 60 Location: In gym - set up as a trade show

How many movable chairs will you need? 250-300 Location: 2 per table, and the rest to hear the guest lecturers

Will you need stage lighting for your event? Yes ☐ No ☒

*\*If no, you will NOT be allowed to access any stage lights, only the overhead work lights.*

How many follow spotlights will you need? 0 ☒ 1 ☐ 2 ☐

*\*Only our trained technicians are allowed to use our spotlights.*

Will you need sound for your event? Yes ☐ No ☒

*\*You may bring in your own sound for the event. If you choose that option, our sound system including mixing board, amplifiers, speakers and microphones will not be available for your use.*

Will you need us to play music during your event? Yes ☐ No ☒

*\*Must be on a single CD or USB stick in the correct order. Note: We will not be able to do any editing.*

Will you be using our microphones? Yes ☐ No ☒

If yes, # of wireless handheld microphones \_\_\_\_\_

*\*Up to two are available at each location*

If yes, # of wired handheld microphones \_\_\_\_\_

*\*Up to six are available at each location*

If yes, # of floor (lap) microphones \_\_\_\_\_

*\*Only available at the high school location*

Will you need Stage Manager / Hands provided by us? 0 ☒ 1 ☐ 2 ☐

*\*Note: If you plan to have curtains open/close or anything flown in, a minimum of 1 stage hand must be contracted. If you need contact with both sides of the stage, then 2 stage hands will be needed.*

Will you be using any projections for your event? Yes ☐ No ☒

Will your projections include sound (movies)? Yes ☐ No ☒

Check One:

☐ We will provide our own person to handle the projections

☐ I request that a technician from HPS handle the projections

\_\_\_\_\_(Initial)  
OFFICE USE ONLY

\_\_\_\_ Supervisor

Special requests/Instructions:

\_\_\_\_ Lighting Board Operator \_\_\_\_ Sound Operator

\_\_\_\_ Spotlight 1

\_\_\_\_ Spotlight 2

\_\_\_\_ SM

\_\_\_\_ ASM

\_\_\_\_ Projection Specialist

**\*\*A technical supervisor will contact you to verify all requests**

## SCHEDULE OF RENTAL CHARGES FOR USE OF PUBLIC SCHOOL FACILITIES AND SITES

**Group I** Official Town organizations and agencies such as Parks & Recreations, Mayor's Office, Legislative Council, Registrar of Voters, etc.; Organizations whose activities are conducted for the benefit of children such as PTA, PTSO, etc.; Organizations that carry out Board of Education sponsored activities such as after school tutoring, summer school programs, professional development, etc.

**Group II** Civic organizations for the benefit of Hamden residents that carry out official Hamden civic or recreational activities such as: neighborhood associations, sports associations sponsored by the Parks & Recreation department, arts associations sponsored by the Town of Hamden Arts Commission, etc.; Town of Hamden sponsored community events such as parades, concerts, etc.

**Group III** Hamden-based community organizations and non-profit groups whose activities are unrelated to school children or education, such as : Women's and men's service clubs or fraternal organizations, religious groups, political groups (including any Hamden-based political organizations) Boy Scouts, Girl Scouts, YMCA, etc.

**Group IV** All other organizations or groups and "for profits" such as dance studios, private schools, commercial entities, etc. as well as non-Hamden based community organizations and non-profit groups.

**Group I – No fees**

**Group II – Direct labor costs and technical fees**

**Group III – Utilities, direct labor costs and technical fees**

**Group IV – Rental fees, utilities, direct labor costs and technical fees**

Group II, III, and IV applicants will be assessed a \$45.00 processing fee. This fee is refundable only if application is denied.

### Technical Fees (Sound, lighting, equipment)

Lighting/Sound Technician \$25 per hour Student Technician \$15 per hour Lighting Supervisor \$65 per hour LCD Projector Usage \$50 per day

Piano Usage (only with permission of Fine Arts Director) \$100 per day Lighting System Usage (performance or rehearsal day) \$45 per hour Sound System Usage (performance or rehearsal day) \$25 per hour

\*Lighting/Sound technicians and Supervisory fees will be billed after event.

\*\* Based on HPS Energy Program, events must use minimal space requested and time frame.  
All applications are based on tentative approval and are subject to revocation at BOE discretion.

H a m d e n  H i g h	Auditorium (Capacity 600) Black Box Dressing Rooms Gymnasium C107 Cafeteria Classroom
H a m d e n  M i	Auditorium (Capacity 550) Gymnasium Cafeteria Classroom

d d l e	
E l e m e n t a r y	Auditorium Gymnasium Cafeteria Classroom

**Custodian Fees<sup>1</sup>:**

Time and one-half \$45.54 per hour Monday – Saturday

Double Time \$60.72 per hour Sunday and Holidays

**Security Fees<sup>2</sup>:**

Time and one-half \$31.76 per hour Monday – Saturday

Double Time \$42.34 per hour Sunday and Holidays

Utility Fee (Group III & IV) \$30.00 per hour

<sup>1</sup> Group II, III, and IV applicants are responsible for direct custodial costs. Custodial fees are based on a minimum of three hours, including one hour to open/set up, one hour (minimum) to close and the actual hours of the event

<sup>2</sup> Group II, III, and IV are responsible for security fees when security officers are required for an event. Security fees are based on a minimum of three hours or the actual hours of the event, whichever is greater



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Granite Insurance  
PO Box 620  
Granite Falls NC 28630

**CONTACT**

NAME:

PHONE (A/C No. Ext): 828-396-3342

FAX (A/C No.): 828-396-3834

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Cincinnati Specialty Underwrit

13037

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

**INSURED**  
International Tours & Events LLC DBA The Haunted Trolley  
315 Derby Ave  
Orange CT 06477

HAUNTRO-01

**COVERAGES**

CERTIFICATE NUMBER: 830641198

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CSU 0207630	4/11/2023	4/11/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
INFORMATIONAL PURPOSES ONLY

**CERTIFICATE HOLDER****CANCELLATION**

INFORMATIONAL PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## Fee Calculations

CT ParaConn Saturday, July 13, 2024 & Sunday 14, 2024

Processing Fee: \$45

Rooms	Days	Fee	Total
Auditorium			\$0.00
Black Box (HHS Only)			\$0.00
Dressing Rooms (HHS Only)			\$0.00
C107 (HHS Only)			\$0.00
Gymnasium	2	\$2,250.00	\$4,500.00
Cafeteria			\$0.00
Classroom			\$0.00
Music/Band Room (HMS Only)			\$0.00
Field			\$0.00

### Utilities

Fee	Hours	Total
\$60.00	17	\$1,020.00

### Security (if required)

Fee		Guards	Hours	Total
Monday - Saturday	\$31.76	2	10	\$635.20
Sunday	\$42.34	2	7	\$592.76

### Custodial Services

Monday - Saturday	\$45.54	Hours	Total
Open	1	1	\$45.54
Event	1	10	\$455.40
Clean Up	2	2	\$182.16

Sunday	\$60.72	Hours	Total
Open	1	1	\$60.72
Event	1	7	\$425.04
Clean-Up	2	1	\$121.44

**TOTAL FEES: \$8,083.26**

## **Donnarummo, Taryn**

---

**From:** Ellison, Seesa  
**Sent:** Thursday, February 22, 2024 10:20 AM  
**To:** Donnerummo, Taryn  
**Subject:** FW: Message to add from CT Paraconn

He has more lol

**From:** Thomas Gormley <archangeloftheparanormal@gmail.com>  
**Sent:** Wednesday, February 21, 2024 12:22 PM  
**To:** Ellison, Seesa <sellison@hamden.org>  
**Subject:** Message to add from CT Paraconn

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Again,

In case it wasn't explained, this event is presented in alliance with the Hamden Chamber of Commerce (you could check with Nancy Dudchik).

When we do these events in other cities, it brings visitors from outside the area, so it also brings commerce to the town. Our main charitable recipient is a Hamden organization, and our promotion team has Hamden residents.

In fact, if you need a reference for the main producer (that's me - Charles Rosenay), please ask Elizabeth Alexander, whom I believe is a teacher at Hamden HS. I think she would offer a very favorable recommendation.

We have done site inspections, with many schools in the state. We only asked for contracts and followed up with a few. Hamden is our first choice. We truly hope this can happen, and all parties be so satisfied that it becomes an annual event.

Thank you from the Spirits.

Cheers & Chills, Charles F. Rosenay!!! (203) 795-4737

PARACONN III CT's Original Paranormal Convention [www.ParaConn.org](http://www.ParaConn.org)

Salem Paranormal Convention NOV 11-12 [www.SalemParaCon.org](http://www.SalemParaCon.org)

Books on sale now: "True Ghost Stories of Connecticut" from  
[www.ParanormalConnecticut.com](http://www.ParanormalConnecticut.com) (or on Amazon)

Event Info:

## Building Use Checklist

Creative Kids Camp
July 8 <sup>th</sup> - 26 <sup>th</sup> 9a - 12pm

☒ Event Information sheet

☐ Addendum A N/A

☒ Rules and Regulations signed

☒ Complete COVID protocols (details needed)

☐ Fee Calculations

☐ Rent

☐ Utilities

☐ Security (for times when the public is there)

☐ Custodial Services

☐ Additional information needed

☐ Does this event recur annually? Yes

☐ How long has the vendor been using facilities? 5 years



FSD # \_\_\_\_\_

**Hamden Public Schools**

60 Putnam Avenue

Hamden, CT 06517

**APPLICATION FOR USE OF SCHOOL BUILDING**

Applications **must** be filed at least **SIX WEEKS** before the day for which it is made but will not be accepted prior to **SIX Months** before the event date

Date 02/05/2021To the **Board of Education**:

The undersigned hereby make application on behalf of

Creative Kids Summer Camp 2024

(Name of Organization)

as association formed for

Recreation Dept. Summer Camp

(Event Title)

for permission to use the

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

**Hamden High School**

- ☐ Auditorium ☐ Black Box ☐ Dressing Rooms  
☐ Gymnasium  
☐ C107  
☐ Cafeteria  
☐ Classroom  
☐ Athletic Field

**Hamden Middle School**

- ☐ Auditorium  
☐ Gymnasium  
☐ Cafeteria  
☐ Classroom  
☐ Music/Band Room

**Central Office**

- ☐ Gymnasium  
☐ Board Room  
☐ Room 101

**Elementary Schools:**

- ☐ Bear Path ☐  
☐ Church Street ☐  
☐ Dunbar Hill ☐  
☐ Helen Street ☐  
☐ Ridge Hill ☐  
☐ Shepherd Glen ☐  
☒ Spring Glen ☐  
☐ West Woods ☐  
☐ Wintergreen ☐

Please choose from  
the elementary  
room options  
below:

- ☒ Classroom  
☐ Cafeteria  
☐ Gymnasium

**Equipment Needed:**

HHS/HMS: See Addendum A and return with this form.

**Elementary Schools:**

- ☐ Tables (how many) N/A  
☐ Chairs (how many) N/A  
☐ Other Needs:

Tables and chairs already in the room

\*Art Room

**REHEARSAL / PREPARATION**

Date \_\_\_\_\_ Time (From/To) \_\_\_\_\_

How many people will attend the rehearsal? \_\_\_\_\_

Will your event require set up? Yes ☐ No ☐

If yes, when do you plan to set up?

**EVENT INFORMATION**

\*If multiple dates, please indicate clearly information for each date

Date	Arrival Time	Event Time	End Time
<u>JUN 8-12</u>	<u>9:00 AM</u>	<u>8 hrs</u>	<u>12 Noon</u>
<u>JUN 15-19</u>	<u>9:00 AM</u>	<u>8 hrs</u>	<u>12 Noon</u>
<u>JUL 22-26</u>	<u>9:00 AM</u>	<u>8 hrs</u>	<u>12 Noon</u>

Number of Performers/Presenters: 2 teachers

Anticipated Attendance: 15 students per week

Admission Charge: \$225.00 per week

Percentage of Hamden Performers: 99%

**PRINT** names of applicants. Please write legibly if not typed.

<u>Contact Name</u>	<u>Address (Number, Street, Town, Zip)</u>	<u>Telephone</u>	<u>Email Address</u>
Deborah Ferguson	145 Osborn Ave		
	New Haven, CT 06511	203 506 6296	debferg426a@gmail.com

Please describe how you plan to comply with the state and CDC Covid-19 guidelines for your event. Please include both the plan for audience (capacity, seating, entry and exit) as well as performers on stage and back stage (masks, social distancing, etc). We must have this information before the Board will consider your request for facility use. (If easier, you may attach a separate document with your protocols)

Under the Recreation Department:

- 2 teachers will work in the Art Room at Spring Glen School
- This camp will run from July 8-12, July 15-19, July 22-26 2021
- There will be approx. 15 students per week
- Children will bring their own snacks which will be eaten at outside picnic tables located at the school.
- The school playground will be used for a 10-15 minute recess per day.
- If during our 3 week camp masks become necessary we will wear them and so will the students.
- students can opt to wear masks any time during this camp.
- social distancing will be enforced if it becomes necessary
- children will enter and exit through the Art Room door in the back of Spring Glen School.
- bathrooms will be utilized on the ground floor of Spring Glen School

RULES AND REGULATIONS

For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes

Please initial each numbered guideline

- 24
1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in **every detail** the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
- 24
2. When permission for the use of any building has been granted the Board will appoint a **custodian and/or security personnel** to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of **one-half hour** before scheduled time and remain a minimum of **one-half hour** after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
- 24
3. If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
- 24
4. The building is to be used only on the date specified and for the purpose named in the permit. Nobody from the renting organization will be allowed to enter the building prior to the time stipulated in this contract. Setup and rehearsal time must be reflected on the application.
- 24
5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
- 24
6. A permit is not transferable.
- 24
7. A permit is not valid unless signed by the Superintendent or his/her designee.
- 24
8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
- 24
9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
- 24
10. Use of auditoriums **does not** include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs. Due to staffing shortages, please be advised that we may not be able to fully staff your event. It would be in your best interest to investigate and hire your own audio-visual equipment and workers as the district cannot guarantee staffing for every event.
- 24
11. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.
- 24
12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)

FSD # \_\_\_\_\_

13. We cannot reserve any date(s) before the approval of your application. Therefore, return this application as soon as possible.

14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status.

15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

*If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public-school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required*

I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

(Signature)

(Date)

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_



## JOSEPH KRAR & ASSOCIATES, INC.

*Your Surplus Lines Wholesaler of Choice*

PO Box 580 Southington, CT 06489 Phone (860) 886-3050 Fax (860) 628-3969 [www.jkrar.com](http://www.jkrar.com)

Insured: Deborah Ferguson and Patrick Sullivan DBA  
Mailing: Creative Kids, 145 Osborn Ave  
Address: New Haven, CT 06511

Retail Agent: State Choice Insurance  
Underwriter: Lisa Sholomicky  
Email: [ls@jkrar.com](mailto:ls@jkrar.com)

Proposed Term: Semi-Annual

Please Bind Effective: 7/10/2023

Commission: 10.00 %

### PREMIUM FEES AND TAXES

Coverage	Cost
General Liability Premium	\$400.00

Total Amount Due: **\$400.00**

Policy is Subject to a Minimum Earned Premium of 50%

\* See Proposal Terms and Payment Options section at the bottom of this proposal

### General Liability

Carrier: United States Liability Insurance Company - A.M. Best Rating A++

### BINDING REQUIREMENTS

- Copy of Joseph Krar & Associates quote letter signed by the Insured.
- See terms and conditions per carrier quote attached
- Signed, dated & fully completed carrier specific application
- Signed, dated & fully completed Terrorism Election or Rejection Form
- This is a brokered account and needs to be paid within 15 days of binding. It may NOT be paid off your statement. No Flat cancellations are permitted by carrier.
- Coverage is bound when confirmed by carrier.
- Responses to carrier Prior to Bind Requirements per attached proposal.

### TERMS AND CONDITIONS

- See terms and conditions per carrier quote attached
- Policy is Subject to a Minimum Earned Premium of 50%



## JOSEPH KRAR & ASSOCIATES, INC.

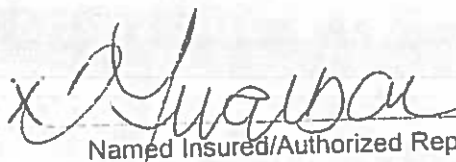
*Your Surplus Lines Wholesaler of Choice*

PO Box 580 Southington, CT 06489 Phone (860) 886-5050 Fax (860) 628-3967 [www.jkrar.com](http://www.jkrar.com)

### PROPOSAL TERMS AND PAYMENT OPTIONS

This proposal expires 30 days from the proposal date listed above, and should be reconfirmed after that time. This proposal is based on the underwriting and rating information provided by you. The coverage and terms being offered may not be the same or as broad as requested. Please review carefully and advise us immediately if you have any questions.

Agreed & Accepted by:

  
Named Insured/Authorized Representative

Date:

07/06/2023

#### PAYMENT OPTIONS

<u>Payment Option</u>	<u>Please Select Option</u>
Payment in Full (Agency Check)	<input checked="" type="checkbox"/>
ACH - Please Call Accounting at (860) 628-3967 for Details	<input type="checkbox"/>
Credit Card - Secure payment can be made on-line at the following link: <a href="https://www.jkrar.com/payment/">https://www.jkrar.com/payment/</a> Note: If selected, a fee will be assessed by the credit card company	<input type="checkbox"/>

*Thank you for the opportunity to help you service your client's needs!*



Joseph Krar & Associates, Inc.

JOSEPH KRAR AND ASSOCIATES, INC.  
1676 West Street  
Southington, CT 06489  
(860) 628-3967 ext. 249 Fax: (860) 628-3969

MGL023L2518

Quote is valid until 9/3/2023

Re: Deborah Ferguson and Patrick Sullivan DBA  
Creative Kids

To:

Attn: Commission: \_\_\_\_\_ %

From: Lisa Sholomicky

lsholomicky@jkrar.com / (860) 628-3967 ext. 249

Please bind effective: 7/10/2023  
Insured email address: debferg426@gmail.com  
Insured phone number: 203-506-6298

Confirm optional coverages:

- ☒ Do not include any optional coverages.  
☐ Include the following optional coverages from Section V  
(Taxes & Fees may apply to optional premium if purchased)  
☐ Option 1 - (add: \$110.00) - Non-Owned & Hired  
Automobile Liability  
☐ Option 2 - (add: \*\$100.00) - Terrorism Coverage  
\*See Terrorism Section for Exact Pricing and Terms

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### COMMERCIAL LIABILITY EXTENSION INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	6 Months

### COVERAGE PART

Commercial General Liability	PREMIUM \$400.00
------------------------------	---------------------

TOTAL PREMIUM DUE TO CARRIER

\$400.00

### ADDITIONAL COSTS

Wholesaler Broker Fee

TOTAL AMOUNT DUE

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT [BIZRESOURCECENTER.COM](http://BIZRESOURCECENTER.COM) FOR DETAILS

The premium quoted was calculated based on information provided by you in your application for insurance. The premium quoted may be adjusted based on an audit of your books and records during and/or at the conclusion of the policy period to determine actual receipts, payroll and other factors used to calculate earned premium.

**This account is subject to the following - Sections A, B and C:**

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*

MGL023L2518

rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

### A. Prior To Bind Requirements:

- No Prior to Bind Requirements

### B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

### C. Underwriting Notes:

- No Underwriting Notes

## II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 1908 Whitney Ave, Hamden, CT 06517

#### Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Schools - Craft/Hobby Instruction - Other than Not-For-Profit	67512	Sales	10,000	Incl	2.100	Incl	\$21
			Per 1,000 Sales				
Additional Insured - Blanket	49950	Flat	1	Incl	50.000	Incl	\$50
			Flat				
Professional Liability	72990	Flat	Flat	Incl	0.000	Incl	Incl
			Flat				
Abuse and Molestation Liability - Specialty Training Schools	41799	Flat	Flat	Incl	0.000	Incl	Incl

Liability Coverage Premium for Location #1: \$400 MP

## III. LIABILITY LIMITS OF INSURANCE

### COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

### PROFESSIONAL LIABILITY

Each Claim	Included
Aggregate	Included

### MOLESTATION OR ABUSE LIABILITY

Each Claim	\$300,000
Aggregate	\$300,000

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*



**IV. REQUIRED FORMS & ENDORSEMENTS****General Liability Endorsements**

CG0001	(12/07) Commercial General Liability Coverage Form	L-224	(10/10) Punitive Or Exemplary Damages Exclusion
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-249	(07/07) Professional Liability Insurance Coverage
CG2107	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included	L-280s	(02/11) Amendment - Limits Of Insurance
CG2109	(06/15) Exclusion - Unmanned Aircraft	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2136	(03/05) Exclusion - New Entities	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2139	(10/93) Contractual Liability Limitation	L-703 STS	(10/09) Molestation Or Abuse Insurance
CG2147	(12/07) Employment-Related Practices Exclusion	L-723	(02/09) Blanket Additional Insured Endorsement
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-778	(10/13) Background Investigation Exclusion
CG2271	(04/13) Colleges or Schools (Limited Form)	L-783	(02/14) Amendment Of Liquor Liability Exclusion
IL0017	(11/98) Common Policy Conditions	LLQ-100	(07/06) Amendatory Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
IL0140	(09/08) Connecticut Changes - Civil Union	Notice-Unmanned Aircraft-GL	(05/16) Advisory Notice To Policyholders
IL0260	(01/19) Connecticut Changes - Cancellation and Nonrenewal	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
Jacket	(07/19) Policy Jacket		

**V. OFFER OF OPTIONAL COVERAGE(S)**

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Additional Premium
Option 1	Non-Owned & Hired Automobile Liability	\$110.00

**Important Information**

- Prior to binding with this optional coverage, we would need to confirm that the applicant does not have a Business Auto policy, does not regularly deliver goods or products and does not require its employees to use their personal vehicle to conduct the applicant's business on a regular basis
- If this coverage is purchased, add L-488 Non-Owned And/Or Hired Auto Liability

Coverage		Additional Premium
Option 2	Terrorism Coverage	\$100.00

**Important Information**

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 5.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

Please contact us with any questions regarding the terminology used or the coverages provided.

**\*\*Read the quote carefully, it may not match the coverages requested\*\***



Joseph Krar & Associates, Inc.

JOSEPH KRAR AND ASSOCIATES, INC.  
1676 West Street, Southington, CT 06489  
Phone: (860)628-3967 x249

United States Liability Insurance Company

MGL023L2518

## Commercial General Liability Application

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

### I. General Information

Applicant's Name: Deborah Ferguson and Patrick Sullivan DBA Creative Kids  
Form Of Business: ☒ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: \_\_\_\_\_  
Mailing Address: 145 Osborn Avenue  
City: New Haven State: CT Zip: 06511  
Phone Number: H- 203-397-2012 C- 203-506-6298 Fax Number: \_\_\_\_\_  
Web Address: \_\_\_\_\_ E-mail Address: debferg426@gmail.com  
Inspection Contact: Deborah Ferguson

Coverage Desired: ☒ Monoline Liability ☐ Monoline Property ☐ Monoline Liquor ☐ Package  
Policy Term: ☐ 3 Months ☒ 6 Months ☐ 9 Months ☐ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)? ☐ Yes ☒ No

If Yes, provide complete details: \_\_\_\_\_

What year did the business start? \_\_\_\_\_

Loss Information for the past 3 years: ☒ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: ☐ Not Applicable

Complete Name	Address	Interest

Description of Operations:

art and reading camp

Any field trips to off premise swimming pools, lakes, beaches, skiing, ice/roller skating rinks or amusement/water parks ☐ Yes ☒ No

Are permission slips obtained from parents/guardians for all field trips ☐ Yes ☒ No

Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO) ☐ Yes ☒ No

Is risk a public or private elementary, junior or senior high school ☐ Yes ☒ No

Is the applicant, have they been, or will they ever act as a franchisor (grantor of a franchise) ☐ Yes ☒ No

No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years. ☒ True ☐ False

## II. Limits of Insurance

### COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

### PROFESSIONAL LIABILITY

Each Claim  
Aggregate

Included  
Included

### MOLESTATION OR ABUSE LIABILITY

Each Claim	\$300,000
Aggregate	\$300,000

## III. Locations of Coverage and Corresponding Classifications

Location #1  
Address  
1908 Whitney Ave  
City  
Hamden  
State  
CT  
Zip  
06517  
Years At Current Location: 5

Classification	Code No.	Premium Basis	Premium Exposure
Schools - Craft/Hobby Instruction - Other than Not-For-Profit	67512	Sales	10,000
Additional Insured - Blanket	49950	Flat	1
Professional Liability	72990	Flat	N/A
Abuse and Molestation Liability - Specialty Training Schools	41799	Flat	N/A

Are armed security guards on the premises at any time?

☐ Yes ☒ No

Does risk have swimming pool(s) on premises

☐ Yes ☒ No

Does any location built prior to 1978, have aluminum wiring or knob-and-tube wiring?

☐ Yes ☒ No

No more than 25,000 sq.ft. per location

☒ True ☐ False

Any glass blowing operations

☐ Yes ☒ No

Are all flammables stored in a fire resistive cabinet

☒ Yes ☐ No

Are all kilns UL approved

☒ Yes ☐ No

N/A

N/A

## IV. Eligibility Criteria

Classification	
Schools - Craft/Hobby Instruction - Other than Not-For-Profit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any overnight events or activities	<input checked="" type="checkbox"/> True <input type="checkbox"/> False
Background and criminal checks completed on all staff	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the school focus on learning disabled, physically or mentally challenged children?	

Classification
Abuse and Molestation Liability - Specialty Training Schools

## V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed ☐ Yes ☒ No  
in Item III Locations of Coverage and Corresponding Classifications?

**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

**Applicant's Warranty Statement:** I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature\*: 

Title: Teacher

Date: 07/09/2023

(Must be Owner, Officer or Partner)

(Required)

Date:

(Required)

Brokers Signature: \_\_\_\_\_

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: \_\_\_\_\_

Address: \_\_\_\_\_

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.  
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

## Fee Calculations

Event: Creative Kids Camp

**Processing Fee:** \$45

Rooms	Days	Fee	Total
Auditorium		\$4,500.00	\$0.00
Black Box (HHS Only)		\$2,250.00	\$0.00
Dressing Rooms (HHS Only)		\$450.00	\$0.00
C107 (HHS Only)		\$1,350.00	\$0.00
Gymnasium		\$2,250.00	\$0.00
Cafeteria		\$1,800.00	\$0.00
Classroom		\$675.00	\$0.00
Music/Band Room (HMS Only)		\$500.00	\$0.00

Lights/Sound	Fee	Hours	Total
Lights	\$65		\$0.00
Sound	\$65		\$0.00

### Utilities

Fee	Hours	Total
\$60.00		\$0.00

### Security (if required)

Fee		Guards	Hours	Total
Monday - Saturday	\$31.76			\$0.00
Sunday	\$42.34			\$0.00

### Custodial Services

Monday - Saturday	\$45.54	Hours	Total
Open	1		\$0.00
Event	1	45	\$2,049.30
Clean Up	2		\$0.00

Sunday	\$60.72	Hours	Total
Open	1		\$0.00
Event	1		\$0.00
Clean Up	2		\$0.00

**TOTAL FEES: \$2,094.30**

Event Info:

## Building Use Checklist

Slamma Jamma Basketball Camp
7/22 - 7/26 9am-4pm

☒ Event Information sheet

☒ Addendum A

☒ Rules and Regulations signed

☒ Complete COVID protocols (details needed)

☐ Fee Calculations *Town Partner*

☐ Rent

☐ Utilities

☐ Security (for times when the public is there)

☐ Custodial Services

☐ Additional information needed

☐ Does this event recur annually? *Yes*

☐ How long has the vendor been using facilities? *many years*

FSD # \_\_\_\_\_

**Hamden Public Schools**

60 Putnam Avenue

Hamden, CT 06517

**APPLICATION FOR USE OF SCHOOL BUILDING**

Applications **must** be filed at least **SIX WEEKS** before the day for which it is made but will not be accepted prior to **SIX Months** before the event date

Date 10/20/23

To the Board of Education:

The undersigned hereby make application on behalf of Slamm Jam Basketball Camp

as association formed for Summer Camp Town partied (Name of Organization)  
(Event Title) for permission to use the

Please check the box next to the rooms you are requesting. The rooms available for use are listed under their location.

**Hamden High School**

- ☐ Auditorium ☐ Black Box ☐ Dressing Rooms  
☐ Gymnasium  
☐ C107  
☐ Cafeteria  
☐ Classroom  
☐ Athletic Field

**Hamden Middle School**

- ☐ Auditorium  
☒ Gymnasium  
☐ Cafeteria  
☐ Classroom  
☐ Music/Band Room

**Central Office**

- ☐ Gymnasium  
☐ Board Room  
☐ Room 101

**Elementary Schools:**

- ☐ Bear Path ☐  
☐ Church Street ☐  
☐ Dunbar Hill ☐  
☐ Helen Street ☐  
☐ Ridge Hill ☐  
☐ Shepherd Glen ☐  
☐ Spring Glen ☐  
☐ West Woods ☐  
☐ Wintergreen ☐

Please choose from  
the elementary  
room options  
below:

- ☐ Classroom  
☐ Cafeteria  
☐ Gymnasium

**Equipment Needed:**

HHS/HMS: See Addendum A and  
 return with this form.

**Elementary Schools:**

- ☐ Tables (how many) \_\_\_\_\_  
☐ Chairs (how many) \_\_\_\_\_  
☐ Other Needs: \_\_\_\_\_

**REHEARSAL / PREPARATION**

Date \_\_\_\_\_ Time (From/To) \_\_\_\_\_

How many people will attend the rehearsal? \_\_\_\_\_

Will your event require set up? Yes ☐ No ☐

If yes, when do you plan to set up?  
 \_\_\_\_\_  
 \_\_\_\_\_

**EVENT INFORMATION**

\*If multiple dates, please indicate clearly information for each date

Date	Arrival Time	Event Time	End Time
<del>8/5/24 - 8/9/24</del>	<del>8:30am</del>	<del>9:00am</del>	<del>1:00pm</del>
<del>8/12/24 - 8/16/24</del>	<del>8:30pm</del>	<del>9:00am</del>	<del>1:00pm</del>

7/22 - 7/26 8:30am 9am 1pm

Number of Performers/Presenters: 6

Anticipated Attendance: 30-40

Admission Charge: \_\_\_\_\_

Percentage of Hamden Performers: \_\_\_\_\_

FSD # \_\_\_\_\_

**ADDENDUM A – For High School and Middle School Auditorium Events**  
(please check your response and fill in when appropriate)

Will you need a podium? Yes ☐ No ☒

How many tables will you need? N/A Location: \_\_\_\_\_

How many movable chairs will you need? N/A Location: \_\_\_\_\_

Will you need stage lighting for your event? Yes ☐ No ☒  
\*If no, you will NOT be allowed to access any stage lights, only the overhead work lights.

How many follow spotlights will you need? 0 ☐ 1 ☐ 2 ☒  
\*Only our trained technicians are allowed to use our spotlights.

Will you need sound for your event? Yes ☐ No ☐  
\*You may bring in your own sound for the event. If you choose that option, our sound system including mixing board, amplifiers, speakers and microphones will not be available for your use.

Will you need us to play music during your event? Yes ☐ No ☒  
\*Must be on a single CD or USB stick in the correct order. Note: We will not be able to do any editing

Will you be using our microphones? Yes ☐ No ☒

If yes, # of wireless handheld microphones \_\_\_\_\_  
\*Up to two are available at each location

If yes, # of wired handheld microphones \_\_\_\_\_  
\*Up to six are available at each location

If yes, # of floor (lap) microphones \_\_\_\_\_  
\*Only available at the high school location

Will you need Stage Manager / Hands provided by us? 0 ☐ 1 ☐ 2 ☐  
\*Note: If you plan to have curtains open/close or anything flown in, a minimum of 1 stage hand must be contracted. If you need contact with both sides of the stage, then 2 stage hands will be needed.

Will you be using any projections for your event? Yes ☐ No ☐

Will your projections include sound (movies)? Yes ☐ No ☐

Check One:

- ☐ We will provide our own person to handle the projections  
☐ I request that a technician from HPS handle the projections

Special requests/instructions: N/A  
\_\_\_\_\_  
\_\_\_\_\_

\*\*A technical supervisor will contact you to verify all requests

\_\_\_\_\_(Initial)

**OFFICE USE ONLY**

\_\_\_\_ Supervisor  
\_\_\_\_ Lighting Board Operator  
\_\_\_\_ Sound Operator  
\_\_\_\_ Spotlight 1  
\_\_\_\_ Spotlight 2  
\_\_\_\_ SM  
\_\_\_\_ ASM  
\_\_\_\_ Projection Specialist



RULES AND REGULATIONS

For the Use of the Hamden Public School Buildings for Other Than Regular School Purposes

Please Initial each numbered guideline

- Sm 1. The use of the Hamden Public School Buildings for other than regular schoolwork is under the direct control of the Board of Education. All applications for the use thereof must be made to the Board of Education on the blank form prescribed for that purpose. The application must state in every detail the purpose and nature of the activity for which the building is to be used and must be signed by three responsible persons, who will be held responsible for any damage or loss of property arising from such use.
- Sm 2. When permission for the use of any building has been granted the Board will appoint a custodian and/or security personnel to act as its personal representative. This appointee is to supervise the meeting and enforce the Rules and Regulations of the Board with power to close the meeting if it is not held in accordance with the Rules and Regulations. Custodian(s) will report a minimum of one-half hour before scheduled time and remain a minimum of one-half hour after close of event. There will be a minimum charge of three hours of custodial coverage for any event.
- Sm 3. If police attendance is necessary (to be determined by the Administration), the persons in charge of the event will be required to provide such police attendance and give the Police Permit Number to the Board of Education.
- Sm 4. The building is to be used only on the date specified and for the purpose named in the permit. Nobody from the renting organization will be allowed to enter the building prior to the time stipulated in this contract. Setup and rehearsal time must be reflected on the application.
- Sm 5. A permit can be canceled without notice provided its provisions or intent are violated in any way, and the Board of Education or its representatives shall be the sole judge of such violation. In addition, the Board of Education reserves the right to cancel a permit should a school function be in conflict with the permitted event.
- Sm 6. A permit is not transferable.
- Sm 7. A permit is not valid unless signed by the Superintendent or his/her designee.
- Sm 8. No food or refreshments are to be served or eaten on the premise, unless specifically mentioned in contract. Food or drink is not to be brought into gymnasium, auditorium or pool. Violation of this provision may result in immediate revocation of the permit and is grounds for future denials.
- Sm 9. When use of a kitchen is required, details must be worked out in consultation with the food services contractor, who will determine whether a cafeteria worker will be needed. If a cafeteria worker is needed, the permittee will be responsible for the cost.
- Sm 10. Use of auditoriums does not include use of theatrical lighting or sound equipment. If needed, use of equipment must be worked out in consultation with the Director of Fine Arts. Only trained school-appointed technicians will be able to use stage technology equipment. Costs for these services will be invoiced after the event is completed. If using the high school or middle school auditoriums, you must fill out Addendum A to determine your technical and staffing needs. Due to staffing shortages, please be advised that we may not be able to fully staff your event. It would be in your best interest to investigate and hire your own audio-visual equipment and workers as the district cannot guarantee staffing for every event.
- Sm 11. When use of Audio Visual or Television equipment is needed, details must be worked out in consultation with the Director of Fine Arts (high school and middle school) or the building media specialist (elementary schools). If it is determined a technician is needed, the permittee will be responsible for the cost.
- Sm 12. A statement of insurance to cover loss or damage to equipment must be presented to the Superintendent prior to approval (Board Policy #1330.2)

FSD # \_\_\_\_\_

Sm 13. We cannot reserve any date(s) before the approval of your application. Therefore, return this application as soon as possible.

Spn 14. Requestor(s) must comply with the State of CT and/or CIAC opening guideline requirements and must ensure compliance during event or risk losing future rental status.

Spn 15. Payments may be mailed or hand delivered to 60 Putnam Avenue, Hamden, CT 06517 to the Finance Department or the Facilities Office. We request that you do not give payments to the schools directly.

*If said permission is granted, we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public-school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building and to provide necessary police attendance. A certificate of insurance for all organizations not affiliated with the Hamden Public School District is required*

I have read and agree with the above rules and regulations set forth by the Hamden Board of Education:

(Signature) \_\_\_\_\_

(Date) 10/20/23

The charges for this building use application will be reflected on a "calculation sheet" and invoice that you will receive once the usage is approved; lighting and technical services fees will be billed separately. These charges are to be paid, by check or money order, to the Hamden Board of Education. The fee schedule is available on-line at [www.hamden.org](http://www.hamden.org), or by contacting the Facilities Department at (203) 407-2207.

Approved by Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_

FSD # \_\_\_\_\_

**PRINT** names of applicants. Please write legibly if not typed.

Contact Name	Address (Number, Street, Town, Zip)	Telephone	Email Address
Shawn Mobilio	17 Tradition Blvd Southbury CT 06488	203-828-7750	smobilio14@gmail.com

Please describe how you plan to comply with the state and CDC Covid-19 guidelines for your event. Please include both the plan for audience (capacity, seating, entry and exit) as well as performers on stage and back stage (masks, social distancing, etc). We must have this information before the Board will consider your request for facility use. (If easier, you may attach a separate document with your protocols)

Will wash hands through out the day.  
Will separate campers in groups. We only  
need use of gym.



### Fee Calculations

Event: Slamma Jamma (July 22-26, 2024)

Processing Fee: \$45

#### Group I,II,III

Rooms	Days	Fee	Total
Auditorium			\$0.00
Black Box (HHS Only)			\$0.00
Dressing Rooms (HHS Only)			\$0.00
C107 (HHS Only)			\$0.00
Gymnasium	5		\$0.00
Cafeteria			\$0.00
Music/Band Room (HMS Only)			\$0.00
Field			\$0.00

#### Group IV

Rooms	Days	Fee	Total
Auditorium		\$4,500.00	\$0.00
Black Box (HHS Only)		\$2,250.00	\$0.00
Dressing Rooms (HHS Only)		\$450.00	\$0.00
C107 (HHS Only)		\$1,350.00	\$0.00
Gymnasium		\$2,250.00	\$0.00
Cafeteria		\$1,800.00	\$0.00
Classroom		\$675.00	\$0.00
Music/Band Room (HMS Only)		\$500.00	\$0.00
Field		\$500.00	\$0.00
Total			\$0.00

Technical Fees	Fee/hour	Hours	Total
Sound Supervisor	\$130		\$0.00
Lighting Supervisor	\$130		\$0.00
Professional Technician	\$50		\$0.00
Student Technician	\$30		\$0.00
Sound System Usage	\$50		\$0.00
Lighting usage (performance)	\$90		\$0.00
Total			\$0.00

#### Utilities

Fee	Hours	Total
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\$180.00		\$0.00
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**Security (if required)**

Fee		Guards	Hours	Total
Monday - Saturday	\$31.76			\$0.00
Sunday	\$42.34			\$0.00

**Custodial Services**

Monday - Saturday	\$55.00	Hours	Total
Open	1		\$0.00
Event	1	27.5	\$1,512.50
Clean Up	2		\$0.00

Sunday	\$82.50	Hours	Total
Open	1		\$0.00
Event	1		\$0.00
Clean-Up	2		\$0.00

**TOTAL FEES:        \$1,557.50**

