

**NORTHFIELD MIDDLE & HIGH SCHOOL**  
**37 Cross Street, Unit 2 ♦ Northfield, VT 05663**  
**802-485-4500 ♦ 485-4440 (fax)**  
**FACILITIES USE APPLICATION**

<i>(Checkmarks indicate needed calendars)</i>	
Event entered onto:	
<input type="checkbox"/>	Facilities' Calendar: Date: _____
<input type="checkbox"/>	NES Calendar: Date: _____
<input type="checkbox"/>	NMHS Calendar: Date: _____
<input type="checkbox"/>	WSSU Calendar: Date: _____

Name of Organization: \_\_\_\_\_  
 Contact Person's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date(s) of event(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Purpose of request: \_\_\_\_\_  
 Number of people expected: \_\_\_\_\_

*I hereby sign a waiver of liability for the School District and its officers for any injury or damage suffered by a participant or spectator. I hereby agree to defend, hold harmless and indemnify the School District, its officers, directors and employees from any and all claims, suits or actions seeking compensation arising from or related to use of the District's premises. Such right of indemnity shall include all attorney's fees, costs and any judgment amount entered.*

*I understand that there may be a charge for custodial, technical, and kitchen personnel. I have read and I agree to the attached Terms and Conditions in the Facilities' Procedures. Finally, I understand that cancellation must be received 24 hours prior to the event, or I will still be liable for all costs related to this event.*

I have received a copy of the Facilities Use Procedures.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of responsible individual

**Please check the appropriate location requested:**

<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Auditorium (see separate User Agreement)	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Library	<input type="checkbox"/> Art Room	<input type="checkbox"/> Music Room
<input type="checkbox"/> Library Conference Room	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Lobby
<input type="checkbox"/> Classroom # _____	<input type="checkbox"/> Athletic Fields	<input type="checkbox"/> Other: _____

**Please check the equipment requested:**

<input type="checkbox"/> TV/VCR	<input type="checkbox"/> Projector/Screen	<input type="checkbox"/> LCD Projector
<input type="checkbox"/> Tables _____ Chairs _____ (how many)	<input type="checkbox"/> Trash Barrels _____ (how many)	<input type="checkbox"/> Other- <i>Note: Auditorium Equipment – see Auditorium User Agreement.</i>

**Required personnel:**

<input type="checkbox"/> Custodian	<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Technical Support
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<b>Office Use Only</b>		
<input type="checkbox"/> <b>Not Approved</b> <b>Reasons:</b> _____ _____ _____ _____ _____ _____	(Checkmarks indicate needed initials) <b>Approved by:</b> <input type="checkbox"/> _____ NMHS Principal <input type="checkbox"/> _____ Facilities' Director <input type="checkbox"/> _____ Athletic Director (if needed) <input type="checkbox"/> _____ Technology (if needed) <input type="checkbox"/> _____ Food Service Director (if needed) <input type="checkbox"/> _____ Staff Member(s) initials of whose space is being used: _____	<b>Copies sent to:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Facilities' Director <input type="checkbox"/> Principal <input type="checkbox"/> Business Manager (if needed) <input type="checkbox"/> Food Service Director (if needed) <input type="checkbox"/> Classroom Teacher (if needed)

- A copy of the Applicant's Certificate of Insurance is required.
- A charge of \$ \_\_\_\_\_ is required for staff and/or facilities' use.
- A 50% Security Deposit is required. Date paid: \_\_\_\_\_
- Date and time of cancellation: \_\_\_\_\_ Notified by: \_\_\_\_\_ phone, email, or in person.