

NORTHFIELD MIDDLE & HIGH SCHOOL
 Ryan Parkman, Principal
 37 Cross Street, Unit 2 ◆ Northfield, VT 05663
 802-485-4500 ◆ 485-4440 (fax)

FACILITIES USE APPLICATION

Name of Organization: _____
 Address: _____
 Phone: _____
 Date(s) of event(s): _____
 Between the hours of _____ and _____
 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. The custodial, kitchen or any other school staff member will not be responsible for maintaining the conditions of the sidewalks, parking lots, or any other portions of the school environment before, during or after any activity which is being held beyond the normal school day. I understand that there may be a charge for custodial, technical, and kitchen personnel. I also understand that I may be required to have a police officer present. 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.

Date: _____

 Signature of responsible individual

Please check the appropriate location requested:

<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Auditorium	<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"/> Other _____	<input type="checkbox"/>

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-

Required personnel:

<input type="checkbox"/> Custodian	<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Technical Support	<input type="checkbox"/> Police Officer
------------------------------------	--	--	---

- A copy of the Certificate of Insurance is required.
- A charge of \$ _____ is required for custodial staff.

Office Use Only		
<p>Not Approved Reasons: _____ _____ _____ _____ _____ _____ _____</p>	<p>Approved by:</p> <p><input type="checkbox"/> _____ NMHS Principal</p> <p><input type="checkbox"/> _____ Building and Grounds Director</p> <p><input type="checkbox"/> _____ Athletic Director</p> <p><input type="checkbox"/> _____ Technology (if needed)</p> <p><input type="checkbox"/> _____ Staff Member(s) signature of whose space is being used: _____ _____ _____</p>	<p>Copies sent to:</p> <p><input type="checkbox"/> Applicant</p> <p><input type="checkbox"/> Principal</p> <p><input type="checkbox"/> Director of Food Services</p> <p><input type="checkbox"/> Classroom Teacher</p> <p><input type="checkbox"/> Building & Grounds Director</p> <p><input type="checkbox"/> Business Office</p> <p>Entered onto:</p> <p><input type="checkbox"/> Facilities Use Calendar</p> <p><input type="checkbox"/> Principal's Calendar (if attendance is required)</p>

Date and time of cancellation: _____ Notified by: _____ phone, email, or in person.