

**REGION 15 POMPERAUG**  
**REGIONAL SCHOOL DISTRICT 15**  
*Serving the Communities of Middlebury and Southbury, Connecticut*

**FACILITY LOCATIONS**

Pomperaug High School  
 Rochambeau Middle School  
 Memorial Middle School  
 Pomperaug Elementary School  
 Gainfield Elementary School  
 Long Meadow Elementary School  
 Middlebury Elementary School

☐ **Region 15 Organization**    **APPLICATION FOR FACILITY USE**

1. Organization:	9. Is the event a Mdbby/Stby non-profit organization? Please circle Yes or No.
2. Facility location requested:	10. Event Date(s) (If a rehearsal date is needed, please include):
3. Location at the facility of the building requested:	11. What time will the rehearsal start? Rehearsal Start Time:      Rehearsal End Time:
4. Event/purpose:	12. What time will the event start? Event Start Time:      Event End Time:
5. Expected attendance:	13. Will the kitchen be used? Please circle Yes or No.
6. Will admission be charged, or donations be collected? Please circle Yes or No.	14. Does the event require any equipment or furniture to be moved? If yes, please specify:
7. Amount of admission or donation being collected: \$_____.	15. A certificate of liability insurance shall be attached to this application before submitting it to the school for approval. Please review the Administrative Regulations, Section III, Fees, and Insurance for required coverage.
8. Will any proceeds be donated to Region 15 or used for scholarships? Please circle Yes or No.	16. It is the applicant's responsibility to communicate with the police and fire departments to verify if police & fire personnel are needed for each event.

By signing below/submitting, the organization/individual responsible for the event has reviewed, understands, and agrees to the Use of School Facility Policy 1330, and the Administrative Regulations.

First & Last Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

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

If required, an *estimated invoice* will be generated for this Application for Facility Use and sent to the organization/individual responsible. Please do not submit payment until an *invoice* is received.

**SCHOOL PRINCIPAL/ATHLETIC DIRECTOR APPROVAL**

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

Date: \_\_\_\_\_

**DIRECTOR OF FACILITIES APPROVAL**

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

Date: \_\_\_\_\_