Regional School District #14 APPLICATION FOR THE USE OF SCHOOL FACILITIES

This form must be submitted 30 days prior to event date – requests submitted less than 15 days prior will not be honored.

School Desired: _____ **Date of Application**: _____
Club/Organization: _____ **Profit or Non-Profit?** _____
Representative Responsible for Use of Facility: _____**Phone**:_____
Address: _____**Email:**_____
Purpose for use of the facility:_____
Will Tickets be sold to the event? _____ **Estimated Attendance**:** _____

Date(s) of Desired Activity: _____
Total Time Facility is Needed (include set up and clean up)*: From:** _____ **AM/PM To:** _____**AM/PM**
Time of Actual Event: From: _____**AM/PM To:** _____**AM/PM*****

Room(s)/Area(s) Requested:

☐ Cafeteria ☐ Gym ☐ Stage ☐ Music Room ☐ Library ☐ Auditorium ☐ Conference Room: _____
☐ Flanders Room (MES) ☐ Classroom(s):_____ ☐ Field(s): ☐ Turf ☐ Grass ☐ Tennis Courts ☐ Track

Equipment Needed/Quantity Needed*:

☐ Chairs____ ☐ Tables____ ☐ Bleachers ☐ Risers (For Band or Chorus):_____ ☐ Extension Cords _____
☐ Audio_____ ☐ Video_____ ☐ Lighting - House, Stage or Fields:_____ ☐ Other: _____
Describe setup as needed:_____
_____

We agree to strictly comply with the Rules and Regulations of the Regional School District #14 Board of Education Use of School Facilities Policy (below) and to be responsible for the proper conduct and care of school property while in use. We agree to make good any damage to property and equipment and to indemnify the Board of Education for any accident to any/all occupants resulting from use.

Applicant Signature _____***Applicant Printed Name***_____
Phone:_____ ***Email:***_____ ***Date:***_____

****Minimum $1,000,000/$2,000,000 General Liability Each Occurrence/General Aggregate insurance certificate required naming Region #14 as an additional insured.***

View Use of School Facilities Policy HERE ***View Fee Schedule for Facility Usage HERE***

TO BE COMPLETED BY REGION #14 STAFF

Athletic Director: _____ Date: _____
Building Administrator: _____ Date: _____
Custodian: _____ Date: _____
***Number of Custodians Required**: _____ **Estimated Number of Hours Required**:_____ Date: _____
Director of Fine Arts: _____ Date: _____
***Estimated Number of A/V Staff Required**: _____**Estimated Number of Hours Required**:____ Date:_____
Director of Finance/Operations: _____ Date: _____
Library Media Center: _____ Date: _____
Student Activity Coordinator: _____ Date: _____

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****Equipment for facility usage is limited to the items listed above. Unauthorized usage of other Nonnewaug property and equipment is strictly prohibited and unauthorized usage may be subject to additional costs.***

*****Supervision of participants and attendees is the sole responsibility of the Representative Responsible and lack of appropriate supervision may result in loss of facility usage.***

******Representative Responsible agrees to comply with approved Total Time Facility is Needed timeslot indicated above with a 15-minute before and after window. Failure to do so could result in additional fees.***

Revised July 2026