WEST TISBURY SCHOOL

APPLICATION FOR THE USE OF SCHOOL FACILITIES

Date of Application: _____

Name of Organization: _____

Organaization Status: _____ WT SCHOOL EVENT _____ NO FEE YOUTH ACTIVITY _____ MUNICIPAL EVENT

_____ NON PROFIT GROUP ($100 USAGE FEE PAID TO UIRSD) _____ FOR PROFIT GROUP (10% GROSS RECEIPTS PAID TO UIRSD)

Name of Person Assuming Responsibility: _____

Email Address: _____ Phone Number: _____

Date(s) Requested: _____ Time of Event: _____ AM/PM

**If this date is a weekend or holiday, please note that a custodian must be available and a fee will be assessed based on time of event and time required for cleaning as determined by School Administration and Head Custodian.*

Time Period Building Access Needed: _____ AM/PM **until** _____ AM/PM

Purpose of Event: _____

Facility Space Requested:

_____ Cafeteria _____Classroom _____Field (soccer/playground) _____Gymnasium _____Library

Technical Needs: _____

RULES FOR USE:

- NO alcohol, drugs, nicotine/tobacco, or weapons are allowed inside the West Tisbury School or on its grounds.
- The facilities must be returned to the same condition they were found in by the user.
- User must stay until **all** attendees have been picked up.
- If the above rules are not followed, facility use will be terminated, and the user will no longer be able to apply for use of WTS facilities.
- Additional rules/guidelines will be shared with the user once the event has been approved/scheduled.

I, the undersigned, certify that the organization asking application will indemnify and hold harmless the Up Island School Committee and/or the West Tisbury School from any liability arising from the use of facilities, will compensate the district for any property damage, and will provide a certificate of insurance if requested.

By signing below, I agree to the rules for use as listed above.

Signature of Person Responsible: _____ Date: _____

FOR OFFICE USE ONLY:

*Additional Custodial Use: _____ YES _____NO If Yes, _____hours @ $_____/hr = $_____

Signature of School Administrator: _____ Date: _____

Signature of Head Custodian: _____ Date: _____

_____ APPROVED _____NOT APPROVED FEE AMOUNT: $_____ FEE PAID: $_____

CHECKS MUST BE PAYABLE TO UIRSD and MAILED TO WEST TISBURY SCHOOL, PO BOX 250, WT MA 02575