

APPLICATION AND PERMIT FOR USE OF SCHOOL FACILITIES

1. Requesting Organization/Sponsor Group: _____ Date submitted: _____

2. School/Facilities Requested: *(circle one)* High School Middle School Center School Memorial School

Type of Space Required (Cafeteria, Gymnasium, Classrooms, athletic field, lights, etc.): _____

Custodial or Cafeteria Staff Required _____

Organizations may be required to show proof of insurance to cover a minimum liability of \$1,000,000 for personal injury unless waived by the Board of Education and/or the Superintendent of Schools.

3. Please be sure to check any equipment you anticipate needing. Equipment will not be provided the day of the event unless indicated here. Equipment fees may be assessed:

_____ Microphones	_____ Other A.V. Equipment	Any additional requests: _____
_____ Lighting	_____ Extension Cords	_____
_____ Piano	_____ Projection Equipment	_____
_____ Tables	_____ Screen, Computer	_____
_____ Field Lights		_____

4. Date(s) of use: _____ Long-term use of Facility:
 Day of the Week: _____
 Times: *(including set-up and break down)* From: _____ To: _____ Times: *(including set-up and break down)* From: _____ To: _____

5. Approximate number of persons to use facilities: _____

6. Reason(s) for event: _____

7. Is an admission fee to be charged, collection to be taken or goods sold? _____

8. If so, state purpose of funds collected. _____

The Board of Education reserves the right to reject any or all requests when such action is deemed in the best interest of the school district. This is only an application. A rental contract agreement will be sent when the event is approved.

All applicants for use of school facilities shall hold the East Hampton Board of Education free and without harm from any loss or damage liability, or expense that may arise during the use of the building or be caused in any way by such use or occupancy of school facilities.

Organization: _____ Phone: _____

Is your organization non-profit: ___ Yes ___ No

Address: _____ Date: _____

Name of Contact For Organization: _____ Phone: _____
 (Please print or type) Email: _____

Facility Department Use Only

of Custodial employees assigned: _____ # of cafeteria employees assigned: _____

Other: _____

Signature of School Principal: _____ Date: _____ Approved ___ Denied ___

Signature of Director of Facilities: _____ Date: _____ Approved ___ Denied ___

Signature of Food Services Director: _____ Date: _____ Approved ___ Denied ___
 (For kitchen use only)