

# Regional School District #14

Bethlehem and Woodbury, CT

## APPLICATION FOR THE USE OF SCHOOL FACILITIES

School Desired \_\_\_\_\_ Date of Application: \_\_\_\_\_

(Apply 15 school days prior to event in a Building, Quarterly for use of Fields (see policy))

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Representative responsible for use of facility \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Purpose/s for using facility \_\_\_\_\_

Type of Group: Profit/Non-Profit\* \_\_\_\_\_ Will tickets be sold to attend the event? \_\_\_\_\_

Date(s) desired: From \_\_\_\_\_ to \_\_\_\_\_ Estimated attendance \_\_\_\_\_

Time of activity: From \_\_\_\_\_ To \_\_\_\_\_ Actual Event Time: \_\_\_\_\_

Rehearsals Dates: \_\_\_\_\_ Rehearsal Times: \_\_\_\_\_

### ROOMS REQUESTED:

- Gym
- Kitchen
- Mat Room
- Weight Room
- Library
- Cafeteria
- Locker Rooms
- Music Room
- Auditorium
- Classroom(s) # \_\_\_\_\_
- Computer Room(s) # \_\_\_\_\_
- Other room(s) \_\_\_\_\_

Field(s) desired \_\_\_\_\_

Equipment Needed: Chairs \_\_\_\_\_ Tables \_\_\_\_\_ T.V./VCR \_\_\_\_\_

Electric Cords \_\_\_\_\_ PA system \_\_\_\_\_ Screen \_\_\_\_\_

Lights: House \_\_\_\_\_ Stage \_\_\_\_\_

Risers: Band \_\_\_\_\_ Choral \_\_\_\_\_

Dressing rooms (class rooms) \_\_\_\_\_

*We agree to comply strictly to the Rules and Regulations of the Regional School District No. 14 Board of Education that are attached and to be responsible for the proper conduct and care of school property while using the same. The organization agrees to make good any damage to property and equipment and to indemnify the Board of Education for any accident to any and all occupants resulting from the use.*

Applicant's signature (adult only) \_\_\_\_\_ Phone \_\_\_\_\_

***\*Type of organization determined by Region 14. Not for profit verification required. Minimum \$1,000,000 liability/property damage insurance certificate required naming Region #14 as an additional insured.***

### To Be Completed by Region #14



#### Applicable Signatures:

Date \_\_\_\_\_ Student Activity Coordinator \_\_\_\_\_

Date \_\_\_\_\_ Head Custodian \_\_\_\_\_

Number of Custodians Required \_\_\_\_\_ / Estimated number of Hours \_\_\_\_\_

Date \_\_\_\_\_ Athletic Director \_\_\_\_\_

Date \_\_\_\_\_ Building Principal \_\_\_\_\_

Date \_\_\_\_\_ Supt/Business Manager \_\_\_\_\_

**Estimated Fees (See Attached Use of School Facilities Acceptance Form)  
Visit our website at [www.ctreg14.org](http://www.ctreg14.org) to view Facility Calendars by location.**