

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 In _____
 _____ 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: **am** To: **pm** 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: _____
 Applicant's Name (Contact for Organization): _____ Phone: _____ Email: _____

Facility Department Use Only

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

Reviewed by Director of Facilities:	Steve Fontanella	Approved	Denied	Date:
Reviewed by Director of Athletics:	Shaun Russell	Approved	Denied	Date:
Reviewed by EHHS Principal:	Eric Verner	Approved	Denied	Date:
Reviewed by Food Services Director: (For request of KITCHEN use only):	<i>Jen Bove</i>	Approved	Denied	Date:

Email / Print Approved Copies sent to: Applicant: _____ Cindy: _____ AV Team: _____