

## Mascenic Regional School District Application for Use of School Facilities

**Directions:**

- Complete top portion of the application.
- Return completed, signed form, along with certificate of insurance to the Director of Facilities, no later than 10 school days prior to the requested event.
- Director of Facilities will notify the applicant for payment and approval status.

Name of Applicant/Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Status: Profit \_\_\_\_\_ Non-profit \_\_\_\_\_

Date of use: \_\_\_\_\_ Time of use: \_\_\_\_\_

Facilities to be used: \_\_\_\_\_

Will public be admitted? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated number of people: \_\_\_\_\_ Estimated number of vehicles \_\_\_\_\_

Police presence required? Yes \_\_\_\_\_ No \_\_\_\_\_

General description of planned activity: \_\_\_\_\_

*Applicant acknowledges receipt of a copy of "Policy for Use of School Facilities" and agrees to abide by this policy.*

Signature: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Non Profit request waiver of fees? Yes \_\_\_\_\_ No \_\_\_\_\_

**DO NOT WRITE BELOW LINE (FOR SCHOOL USE ONLY)**

Fee to be Charged	\$	Paid	Board	Waived
Extraordinary expenses	\$	Paid	Board	Waived
Custodial Fee	\$	Paid	Board	Waived
Certificate of Insurance submitted		Yes	No	

**Approved:** \_\_\_\_\_ **Not Approved** \_\_\_\_\_ Director of Facilities Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Food Services Signature: (If Applicable) \_\_\_\_\_

Cc: Building Principal