

NEW SHOREHAM SCHOOL DEPARTMENT  
Block Island School  
High Street, P.O. Box 1890  
Block Island, RI 02807

APPLICATION FOR USE OF SCHOOL FACILITY

1. Facilities to be used \_\_\_\_\_ Date \_\_\_\_\_
2. Name of organization \_\_\_\_\_  
Address of organization \_\_\_\_\_ Phone \_\_\_\_\_  
Responsible person \_\_\_\_\_ Title \_\_\_\_\_
3. Date(s) and time of use:  
\_\_\_\_\_, 20\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
4. Brief description of proposed use: \_\_\_\_\_  
\_\_\_\_\_
5. Admission or registration fee to be charged? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Remarks: (Please submit any special instructions for the arrangement of facilities as required by the above proposed usage.)  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE READ THE CONDITIONS ON THE REVERSE SIDE OF THIS APPLICATION AND ACCEPT THE RESPONSIBILITIES IMPOSED.

Signed \_\_\_\_\_ (Position) (Today's Date)  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Do Not Write Below This Line

Superintendent's Comments: \_\_\_\_\_

Approved ( ) Denied ( ) \_\_\_\_\_  
(Signature) (Date)

Fees assigned: Rental \$ \_\_\_\_\_  
Custodial \$ \_\_\_\_\_  
----- Total fee \$ \_\_\_\_\_

PLEASE SUBMIT ALL REQUESTS AT LEAST TWO WEEKS IN ADVANCE.