KF-E

Original - Facilities Copies to: User School SAU Office

SANBORN REGIONAL SCHOOL DISTRICT Serving Kingston and Newton

APPLICATION FOR USE OF SCHOOL FACILITIES

School Requested:	Room/Area Reques	ted: Date Needed:	
Arrival Time:	Event Time:	Departure Time:	
Organization:	A	ddress:	
Name of Applicant:		Phone:	
Estimated # of Partici	pants: Check one \Box Ce	ertificate of Insurance Provided Need Special Event Insur	rance
☐ School Sponsored	□ School Related □ Community	□ Outside District □ Profit □ Non-Profit	
	ADDITIONAL SERVICES - PLEASE SE	PECIFY (An extra charge may be required)	
CUSTODIAL: Audio/Visual Equipme	SETUP □ DURING □ CLEA	ANING Fromto	
Lighting:	Tables/Chair	s:	
Kitchen:	Will be closed to the public unles	ss a food service employee is hired and present.	
	•	☐ Crowd Control Officer Required tment when expecting 250 or more people.)	
or equipment. The hold is required. All school ed will be charged for this se extend beyond 11:00 pm.	er must pay the tax on any admissions. The quipment such as projectors, public address ervice. All activities are to terminate no late alcohol and tobacco are prohibited on the	esponsible for the maintenance of order and for any damage to the burner applicant agrees to pay for the cost of police or fire protection systems, etc. must be operated by an authorized district person and er than 11:00 pm unless approval is granted one week in advance to the grounds of or within a public education facility. Use is made, the school-related use will take priority. Exception	n if it a fee
	lered when undue or extreme hardships would		
remaining fees will be se within 10 business days	ent to the applicant within 5 business days	reement must be paid at the time of approval by the district. Billin after completion of rental. Payment of these services will be expedded payable to the Sanborn Regional School District and forwarde	ected
must sign a covenant not	to sue and indemnity agreement and be requoverage from the Sanborn Regional School	a and at the risk of their own materials and equipment. Each applicate uired to provide Certificates of Users Insurance Coverage documental District. Disorderly conduct or abuse of the building may result in	
SIGNED BY:		DATE:	_
	☐ THE ABOVE APPLI ABOVE APPLICATION IS HEREBY	ICATION HAS BEEN DENIED 7 APPROVED UNDER THE CONDITIONS STATED	**
Superintendent	Facilities Director	Principal Athletic Director	
Office Use Only			
DATE:	BILLED:	PAYMENT REC'D:	
TOTAL FEE:	OTHER CHARGES:	TOTAL:	