

Instructions for Completion Regional School District 15 Application for Facility Use Form

The application for facility form is required by Regional School District 15 if you intend to use any part of our seven school locations and for the Athletic fields, tennis courts and Pomperaug High School Athletic Turf.

Please note if you are using Pomperaug High School, you must also complete their internal form which explains responsibilities of the customers who are renting the facilities for both police and fire coverage.

Regional School District 15 functions take precedent over any outside customers for all of the school location facilities and we reserve the right to deny any application for facility use.

When completing the form:

- 1) **Please print clearly**
- 2) **Section 1**
 - a) Organization Name Completely spelled out
- 3) **Section 2 School Requested**
 - a) Print the complete Name of the School Location
- 4) **Section 3 Facilities Requested**
 - a) If you are requesting more than one area of the school locations and using it at different times, please complete a separate form for each area
- 5) **Section 13 Amount of Liability Insurance**
 - a) We require a insurance certificate in the amount of \$1,000,000.00 and must show coverage during the period of your event. **The insurance certificate must be submitted with every facility use form.**

If this form is not received at the Central Office of Region 15 the application will be delayed or maybe denied

- 6) **Section 17 Person Responsible at the event**
 - a) Print the First and Last Name Clearly
 - b) Telephone Number Area code and phone number
 - c) Cell Phone Number Area code and phone number
- 7) **Section 18 Date(s)**
 - a) Enter the date as MM/DD/YYYY
 - b) Above it the type of day example M-F, M-Th, Sat, Sun, Etc

Note: Separate forms must be completed for the following:

Saturdays

Sundays

Submit on a Weekly basis if you intend to rent the facilities

Monday – Friday or Monday - Thursday

Submit on a Monthly basis if you are only using the facilities under four days a week

Tues- Thurs or Mon - Wed

- 8) **Section 19 Time you will enter facilities**
 - a) Enter the exact time including AM or PM

9) Section 20 Time program begins

Enter the exact time including AM or PM

10) Section 21 Time you will be leaving facilities

a) Enter the exact time including AM or PM

11) Section 33

a) This section is extremely important; we use this section for invoicing. We must be able to read it clearly and should include the following

i) Name

ii) Address

iii) City

iv) Zip Code

v) Telephone Number include the area code XXX-XXX-XXXX

12) Section Comments

a) Include your Email address so that we may contact you

The form must be fully completed and a copy of the \$1,000,000.00 insurance certificate must be submitted to the following:

Region 15 Location	Region 15 Department
Pomperaug Elementary School	Principal's Office
Middlebury Elementary School	Principal's Office
Gainfield Elementary School	Principal's Office
Long Meadow Elementary School	Principal's Office
Memorial Middle School	Principal's Office
Rochambeau Middle School	Principal's Office
Pomperaug High School Athletic Fields, Gym, Pool, and Athletic Turf	Athletic Department
Pomperaug High School – Building including Cafeteria, class rooms and auditorium	Media Center Assistant or Principal's Office

Once the forms are submitted to any of the above, the dates are reviewed. If the dates are acceptable, the school principal or the designee signs the form and submits it the Business Office for the Director of Finance and Plant Operations signature.

The Business Office will review and price out any estimates for the said function, and forward the signed copy to the appropriate contacts.

After the event has taken place an invoice will be issued by the Business Office designee.

Application for Regional School District 15 Facility Use

(Please print and complete all items. Allow two weeks for processing)

<p>1. Organization: _____</p> <p>2. School Requested: _____</p> <p>3. Facilities Requested: _____</p> <hr/> <p>4. Event/Purpose: _____</p> <p>5. Expected Attendance: _____</p> <p>6. Will admission be charged or donations collected? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Amount of admission/donation required: \$ _____</p> <p>8. Will all proceeds be donated to Region 15 or used for Scholarships for Region 15 students? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Is this a Middlebury/Southbury Non-Profit Organization? Yes <input type="checkbox"/> No <input type="checkbox"/> Tax I.D. number required: _____</p> <p>10. Is this a commercial venture? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Will the track or synthetic field be used for your event? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, see the attached regulations). Athletic Directors approval _____</p> <p>12. Alcoholic beverages are not permitted on school property.</p> <p>13. Amount of Liability Insurance: Bodily Injury \$ _____ Property Damage \$ _____ (Minimum \$1,000,000 BI/PD is required).</p> <p>14. Will the gym be used for an athletic activity? Yes <input type="checkbox"/> No <input type="checkbox"/> (Applicant is responsible for the care of the floor surface).</p> <p>15. Will the swimming pool be used? Yes <input type="checkbox"/> No <input type="checkbox"/> (If your answer to number 14 or 15 is yes, you must provide a minimum of \$1,000,000 BI/PD).</p> <p>16. Insurance certificate must name "Regional School District 15 as an additional insured." Insurance Certificate issued by: _____ _____ _____</p> <p>17. Person responsible at the event: (Please print). Name: _____ Phone: _____ Cell Phone: _____ Email Address: _____</p>	<p>18. Date(s): _____</p> <p>19. Time you will enter facilities: _____</p> <p>20. Time program begins: _____ and ends _____</p> <p>21. Time you will leave facilities: _____</p> <p>22. Date(s) – Rehearsals: _____</p> <p>23. Time you will enter facilities: _____</p> <p>24. Time rehearsal begins: _____</p> <p>25. Time rehearsal ends: _____</p> <p>26. Time you will leave facilities: _____</p> <p>27. Will you use the kitchen? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Time entering kitchen: _____ Time leaving kitchen: _____</p> <p>28. Do you plan to use the high school auditorium, stage lights or sound system? Yes <input type="checkbox"/> No <input type="checkbox"/> (stage supervision is required). If yes: Time to begin set-up: _____ Time to end set-up: _____</p> <p>29. Do you require furniture to be moved? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____ _____ Note: (charge may apply).</p> <p>30. Do you require any special equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____ _____ Note: (charge may apply).</p> <p>31. Applicant is financially responsible for any damage or repair costs resulting from negligent or inappropriate use of Region 15 property or facilities.</p> <p>32. Miscellaneous: _____ _____ _____</p> <p>33. I have read and understood the "Rules for Use of Region 15 Facilities" and will be personally responsible for assuring compliance for the above event(s). Signature: _____ Name Printed: _____ Address: _____ Telephone: _____ Date: _____</p> <p>Comments: _____ _____ _____</p>
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FOR CENTRAL OFFICE & PRINCIPAL USE ONLY

Permission for the above request is granted, subject to the following fees and conditions: Group: _____															
<table style="width: 100%; border-collapse: collapse;"> <tr><td>Use of Building: _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Custodial Fees: _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Kitchen Attendant: _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Stage Supervisor: _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Equipment Fee: _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Energy Fee: _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other: _____</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>Please pay from this invoice – Total fees \$ _____ (Includes four hours minimum).</p> <p>REGIONAL SCHOOL DISTRICT 15 RESERVES THE RIGHT TO REJECT ANY APPLICATION.</p> <p>Director of Facilities Signature: _____</p>	Use of Building: _____	\$ _____	Custodial Fees: _____	\$ _____	Kitchen Attendant: _____	\$ _____	Stage Supervisor: _____	\$ _____	Equipment Fee: _____	\$ _____	Energy Fee: _____	\$ _____	Other: _____	\$ _____	Consult Town Officials: Constable Required: _____ Fireman Required: _____ Miscellaneous: _____ Principal's Signature: _____ Date: _____ Note: Additional fees may be charged in the event of damage to facilities, equipment or extra hours worked by Region 15 personnel for clean-up. Make checks payable to: Regional School District 15 P.O. Box 395 Middlebury, CT 06762
Use of Building: _____	\$ _____														
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Kitchen Attendant: _____	\$ _____														
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