

REQUEST FOR USE OF SCHOOL FACILITIES

LEDYARD PUBLIC SCHOOLS
4 BLONDERS BLVD, LEDYARD, CT 06339

- 1. School Requested
2. Facilities Requested
3. Date(s)
4. Purpose for Facility Use
5. Time You Will Enter Facility a.m./p.m. Time You Will Leave Facility a.m./p.m.
6. Time Program Begins a.m./p.m. Time Program Ends a.m./p.m.
7. Organization Making Request Expected Attendance
8. Equipment Requested/Room Set Up Required
9. Name and Address of Person(s) Responsible at Event
10. Admission or Registration Fee Disbursal of Proceeds
11. Amount of Liability Insurance: Bodily Injury Property Damage
(Minimum \$1,000,000 BI/PD required. Submit Certificate of Insurance to Superintendent's Office.)

Having read the Regulations and Schedule of Fees, I assume legal and financial responsibility for the above request. I also understand that the financial obligations are to be met within a 2-week period following receipt of bill. Rental fee due two weeks before event.

Signature Date

Name Printed Address Phone

Group Constable Required

Rental Fee Due Fireman Required

Utility Fee

Custodial Fee

Other

Miscellaneous

Permission for the above request is APPROVED

Permission for the above request is NOT APPROVED

Signature Date
School Principal must approve first

Signature Date
School Business Manager Not approved until signed by both Principal and SBM