

WEARE SCHOOLS FACILITIES USE FORM

The group or organization wishing to use our facilities or grounds must complete this form. A copy will be forwarded to the group or organization when all of the proper information is listed and the signatures have been secured. The end of the activity checklist also must be completed and returned to the Weare Schools.

- 1) Group/Organization _____
- 2) Contact Person _____
- 3) Address of Contact or Organization _____
- 4) Contact phone #: Home _____ Work _____ Cell _____
- 5) Proof of Insurance copy attached to form: YES NO

Facility Usage Information

6) Date(s) of usage: _____

Include a calendar if usage is seasonal

7) Space needed: Gym – CWES/WMS Café – CWES/WMS Media Center CWES/WMS

8) Special Equipment needed _____

9) Kitchen Use: YES NO (If yes, the group must have a Café Services worker present)

10) Times for each date used: _____

11) Usage Cost: Hours _____ x \$2.50 = \$ _____

Groups using special or heavy equipment, or setting up booths and/or tents, or having public participation in contests, may be asked to post bonds.

13) Applicant Signature _____ Date: _____

14) Athletic Director Signature _____ Date: _____

15) Maintenance Supervisor Signature _____ Date: _____

16) Principal Signature _____ Date: _____

Approved _____

Not Approved _____

WHITE: APPLICANT YELLOW: ATHLETIC DIRECTOR PINK: MAINTENANCE GOLD: SCHOOL OFFICE