

Application for Use of Public School Facility

THIS FORM IS TO BE COMPLETED A MINIMUM OF FOUR WEEKS IN ADVANCE OF THE DATE NEEDED.

Application Date: _____

1. School requested: _____

2. Facility Area Requested/Room(s): _____

3. Date of Event: _____ Beginning Time: _____ Ending Time: _____

4. Organization making request: _____

5. Requestor Name: _____

Requestor Phone Number: _____

Requestor Email: _____

6. Contact Person During Event: _____

Phone Number: _____

Email: _____

7. Purpose of Event: _____

Personnel needed: (contractual charges will be applied): Chaperones Administrator Staff Custodian

8. Equipment Needed (charges will be applied): Audio/Tech (please specify): _____

9. Utility charges: _____

10. Other special requirements: _____

Please furnish the Torrington Board of Education a Certificate of Insurance reflecting Bodily Injury and Property Damage and Liability Insurance coverage limits of \$500,000 combined single limit per occurrence in effect for the date(s) of the planned activity. Also please name the Torrington Board of Education and the City of Torrington as Additional Insured.

We the undersigned, having read the Rules and Regulations and the Schedule of fees, assume legal and financial responsibility for the above request.

Requestor Signature: _____

Date: _____

DISPOSITION

Site Administrator's Signature: _____

Date: _____

Director of Facilities Signature: _____

Date: _____

School (Original) Director of Athletics (if applicable) Custodian Director of Facilities IT (if applicable) Person requesting facility