

LISBON SCHOOL DEPARTMENT REQUEST FOR USE OF SCHOOL FACILITIES

Today's Date: _____

Organization/Group: _____ Profit Non-Profit

Date(s) of Event : _____ # of Weeks: _____

Please Circle day(s) of week: Mon. Tues. Wed. Thurs. Fri. Sat Sun

Please circle building: LHS PWS LCS LES Room # _____

Hours Reserve from: _____ to _____ Event begins: _____ Event ends: _____

(include set up & cleaning)

Purpose of use/activities: _____

Nothing shall be sold, given away, exhibited or displayed without advance permission.

Attendance expected: _____ Chairs: _____ Tables: _____

Additional Equipment on site at activity: _____

Will you set up/clean up (If not a fee may be charged)? _____

Person responsible on site at activity: _____

Address/telephone: _____

Person(s) Responsible for billing: _____

Billing Address: _____

Telephone Numbers: (h) _____ (w) _____

IRS CERTIFICATION # _____ yes no

(IF YES, please attach)

LIABILITY CERTIFICATE

(IF YES, please attach)

yes no

Rate Per Hour/Per Person Needed: Hours Estimated Charges

\$12.50 School affiliated _____

\$25.00 Non-Profit _____

\$35.00 Profit _____

\$35.00 Non Profit(Sunday) _____

\$50.00 Profit(Sunday) _____

The person or the organization herein named agrees that members and guests will observe the regulations both as individuals and as an organization. Full financial responsibility will be assumed for any and all damages done to Lisbon School Property during the aforementioned period of use. Our organization/group will at all times hereafter indemnify the above mentioned school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above-described building by our organization, and we will further hold said school harmless for loss or injury of any kind in connection therewith. The privilege may be revoked by administration if guidelines are not followed.

I have read and will comply with the Lisbon School Committee Policy KF-Community Use of School Facilities that govern facilities use and charges.

Please attach a copy of your liability insurance for your organization to this form or we cannot approve this request.

Signature

FOR OFFICE USE ONLY

() Proof of Liability Insurance Attached Custodian Assigned: _____

Date Approved: _____

Date Denied: _____

Building Administrator

Date Approved: _____

Date Denied: _____

Director of Transportation and Operations

Date Approved: _____

Date Denied: _____

Superintendent of Schools

Administrative Rule Adopted 10/13/04

Revised 07/01/06