

GRISWOLD PUBLIC SCHOOLS

211 Slater Avenue
 Griswold, CT 06351
 (860) 376-7600
 (860) 376-7607

www.griswoldpublicschools.org

APPLICATION FOR USE OF SCHOOL FACILITIES

1. Name of organization/business requesting use: _____

Nature of organization/business: _____

2. Name of person acting on behalf of the organization/business: _____

Mailing Address: _____ City/Town: _____ Email: _____

State: _____ Zip: _____ Phone: (w) _____ (h) _____

3. Representative who will assume site responsibility during activity: _____

4. Facility Requested: (Please check space requested)

1. Elementary School

2. Middle School

3. High School

4. Athletic Use

Cafeteria _____

Cafeteria _____

Cafeteria _____

Baseball _____

Kitchen _____

Kitchen _____

Kitchen _____

Softball _____

Gymnasium _____

Gymnasium _____

Gymnasium _____

Soccer Field: Sm. _____ Lg. _____

Library _____

Library _____

Library _____

Track _____

Classroom _____

Classroom _____

Classroom _____

Main Football _____

Use of Stage _____

Auditorium _____

Auditorium _____

Universal Field _____

Parking Lot _____

Front of Building _____

Aux. Gym _____

Practice Field _____

Parking Lot _____

Parking Lot _____

Tennis Courts _____

Concession Stand _____
 Announcer's Booth _____

5.

Date(s)	Day of Week	*Time In	*Time Out

***NOTE: Allow time to set up and break down. Requested times can not be extended on day of event.**

6. Special Need(s) (Note: Groups are responsible for their own supplies and equipment): _____

7. Describe activity to be conducted: _____

8. Total number of participants: _____ 9. Number of participants who are Griswold Residents: _____
10. Approximate number of spectators: _____
11. Is there an admission charge or entry fee to activity? _____
12. Where do proceeds go? _____
13. Describe any sales of food or merchandise and where proceeds will go: _____
- _____

I have read the complete contract and agree to all terms. Signature of the applicant certifies an agreement that the organization will pay fees within 30 days of billing; abide by the contractual conditions as provided to the applicant at the time of application, and pay to repair all damage incurred. Events canceled with less than 24 hours notice are subject to a billing of two hours for custodial fees plus any other expenses incurred by the district.

Signature of Applicant

Date

GBE approves your request with the following:

Security Required _____

Use Fees _____

Special Instructions/Payment:

Other Estimated Fees:

Technician Fee for Lights/Sound _____

Kitchen Staff Fee _____

Security Fee _____

Added Custodial Fee _____

A deposit of _____ must be received within 10 days of Superintendent's authorization in order to confirm reservation.

School Authorization:

Additional/Special Instructions:

School Administration Signature Date

Athletic Director (if for gym or field) Date

Superintendent or Designee Date