

PLYMOUTH PUBLIC SCHOOLS
Application for Use of School FACILITIES

1330
FORM

School Facility Requested: Plymouth Center Harry S. Fisher Eli Terry Terryville High
(Circle)

Facility of School Requested: Gym Café Kitchen* Auditorium** Library
(Circle) Classroom Other _____

*Cafeteria workers are required for all kitchen use

**BOE Light & Sound Technician may be required for Auditorium Use

Date(s) of Activity:

Day: _____ **Date:** _____ **From** _____ am/pm **To** _____ am/pm
Set Up Time _____ **Actual Event Time** _____

Day: _____ **Date:** _____ **From** _____ am/pm **To** _____ am/pm
Set Up Time _____ **Actual Event Time** _____

Rehearsal Day: _____ **Date:** _____ **From** _____ am/pm **To** _____ am/pm

Organization Making Request _____

Contact Person _____ **Telephone #** _____

Address: _____

Email: _____

Names and Addresses of Persons Who Will Supervise the Activity:

_____ **Telephone#** _____

_____ **Telephone#** _____

Purpose for which Building is to be used: _____

If a flyer/printed information will be distributed on this event it must be attached.

Special requests: _____

The authorized agent for the organization above, and whose signature appears below, agrees that his/her organization will abide by the rules and regulations pertaining to the use of school facilities as prescribed by the Board of Education. The organization further agrees that any damage whatsoever to the building or any part thereof shall be repaired at the expense of the organization using the facilities. Please make certain all contact information is complete and accurate. If school is closed due to vacations or emergency cancellation, all events in school facilities are cancelled. In order to procure the use of facilities or grounds, the adult leasing the facility must be a resident of the Town of Plymouth and the activity must involve at least 51% of residents of the Town of Plymouth. A roster of participants with name and address also must be submitted prior to approval. We, the undersigned assume legal and financial responsibility for the above request:

Authorized Signature: _____ **Date:** _____

