**CSD File: KF-R** 

## CANDIA SCHOOL DISTRICT APPLICATION FOR USE OF SCHOOL FACILITIES

(4/03.1)

The undersigned, along with accepting responsibility for the actions, safety, and supervision of participants, spectators, etc. particularly minors involved in the activities, also accepts the responsibility to see that all rules regulating the use of facilities are followed and be responsible for any damages and/or claims of damages resulting from its use. Payment of fees, if any, should be made to the Treasurer – Candia School District and included with this application in the form of a money order or check.

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The Candia Moore School facilitie	s will be needed on the fol	lowing date(s):		
EXAMPLE: Date: 9/6/11 Event Setu	p Time: 6:30 Time of Event	: <u>7:00</u> Event B	reakdown Time:9-9:30pm_	
Date:Event Setup Time:	Time of Event:	Event Break	down Time:	
Date:Event Setup Time:** Please attach a schedule if mo			down Time:	
Organization (if any) requesting fa	cilities:			
Event:				
Signature of Authorized Representative:	ture of Authorized Representative: Print Name:			
Address:				
Telephone:	Today's			
	ages and smoking are prohi			
Defibrillator	is located by the public	telephone (nea	ar gvm)	
Facilities being requested: Equipment being requested:				
Gymnasium	Kitchen 1	Kitchen Equipment		
Classroom(s)		Cleaning Equipment		
Library	Cafeteria	Tables		
Music Room	<u> </u>			
Conference Room		Chairs		
Fields		Microphones		
Kitchen	Other	Other		
School Sign requested:				
Date to be posted Wording for sign				
Services requested:			·	
Opening/Closing of the building	Yes	No	Cost:	
Custodian for security		No	Cost:	
Custodian to set up		No	Cost:	
School lunch personnel*		No	Cost:	
*If the kitchen equipment is to be	e used, school lunch personnel v		upervise.	
Security Deposit Required		No	· · · · · · · · · · · · · · · · · · ·	
Fees Due: \$Fees Receiv				
Maintenance Director Approval:		Date:		

Administrative Approval:

Date: