

YARMOUTH SCHOOL DEPARTMENT
APPLICATION FOR USE OF FACILITIES

(PART I:) To be completed by applicant

Organization/Group: _____ Date: _____

Date(s) requested: _____

Day(s): _____ Number of weeks: _____

Building: _____ Space: _____ Hours: _____

Purpose of use/activity: _____

NOTHING SHALL BE SOLD, GIVEN AWAY, EXHIBITED OR DISPLAYED WITHOUT ADVANCE PERMISSION.

Attendance expected: _____ Admission Cost: Adult _____ Children: _____

How many: Chairs _____ Tables _____ Who will set up/clean up? _____

Person responsible on-site at activity: _____

Billing name/address/telephone: _____

The person designated below, as the authorized representative, is empowered and does agree to ensure that the school board policies, part of which are outlined on the reversed side, will be abided by and to pay all costs incident to use.

Signature of Applicant/Authorized Representative

(PART II:) To be completed by building principal

1. Recommendation: Approval _____ Disapproval _____

2. The applicant is known to me and is aware of the conditions for use of facilities.

Signature of Building Principal

Approved _____ Disapproved _____ Rate imposed is _____ per hour.

Signature of Director of Business Services

____ Custodial set up needed _____ Approved by Community Services

____ On-call custodian is needed _____ Recorded on district calendar