

Must be received a minimum of 7 days prior to event.

**CONTOOCCOOK VALLEY SCHOOL DISTRICT
ConVal High School**

Contract for Use of Facilities
(Please complete all fields)

_____ Name of Organization	_____ Name of Individual in Charge
_____ Street Address	_____ Telephone Number
_____ City/Town, State, Zip	_____ email address

EVENT/ ACTIVITY: _____

Date(s) of Event _____
Day(s) of Week _____
Event Time: **From:** _____ **am/pm** **To:** _____ **am/pm**
Set-up/Cleanup Time: **From:** _____ **am/pm** **To:** _____ **am/pm**

ROOM(s) / AREA(s) REQUESTED/DESIGNATED:

Gymnasium- large _____	Classroom _____
Gymnasium- small _____	_____
Auditorium _____	_____
Cafeteria w/kitchen use _____	_____
Cafeteria w/o kitchen use _____	Library _____

MEDIA EQUIPMENT REQUESTED: (i.e. Portable Microphone, TV, Overhead, InFocus, Ext. Cords)

CUSTODIAL SERVICES AND EQUIPMENT: (i.e. Tables, Chairs, Podium, Microphone)

Custodial Fee: Yes _____ No _____ From: _____ am/pm To: _____ am/pm
(List set up requirements or room arrangements on reverse side)
Notified of Building Use Fees and/or Security Deposit (if applicable): Yes _____ No _____

OTHER SERVICES:
Police Required: Yes _____ No _____ Fee to be paid by Organization directly to police

INSURANCE REQUIREMENTS:
A Certificate of Insurance is required for all non-school district groups.
Insurance: Yes _____ No _____ Insurance Certificate Received: Yes ___ No ___
Certificate must be on file at the SAU office.

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Signing of this document acknowledges the receipt of the School District policy on "Use and Rental of Facilities."

It is mutually agreed that the organization named above is responsible for any unusual expense and/or any damage caused by the use of the school facilities.

Failure to pay invoice within 30 days will deny you further use of any and all facilities of the ConVal School District.

Organizational Representative

School Authority

Date

Date

Set-up Requirements:

Date received by CVHS Main Office: _____ **by whom:** _____

Date submitted for data entry: _____ **date entered:** _____ **Schedule #** _____

Date Routed to Custodial Dept.: _____

Date Routed to Media (if applicable): _____