

**COMMUNITY OUTSIDE OF SCHOOL GROUPS
FACILITIES USE REQUEST FORM**

It is requested that all organizations planning any type of social event complete this form at least **two weeks** before the requested date. The EVENT COORDINATOR IS RESPONSIBLE FOR CONTACTING THE POLICE AND FIRE DEPARTMENTS FOR THEIR EVENT IN ACCORDANCE WITH THE LITTLE COMPTON SCHOOL COMMITTEE'S POLICIES AND PROCEDURES ATTACHED. This request must be submitted to the Superintendent of Schools for approval.

Date of Request: _____

1. Name of Organization: _____

2. Billing Address of Organization: _____

3. Contact Person for Organization: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

4. Does the applicant have liability insurance? ___ Yes ___ No ___ N/A

Is a copy of the policy on file? ___ Yes ___ No (please attach)

5. Type of Event/Activity: _____

Will admission be charged? ___ Yes ___ No If Yes, Amount? \$ _____

6. Choice of Date: First: _____ Second: _____

7. Time of Event: From: _____ To: _____

8. Time of Event Setup: _____ Time Event will be Broken Down: _____

9. Location of Activity: Area/Room/Field Requested: _____

10. Equipment Needed: _____

11. # of Participants Expected: _____

of Spectators Expected: _____

Age Group of Users (check one): ___ Children ___ Adults ___ Both

12. Chaperones: 1. _____

2. _____

3. _____

4. _____

I, as official representative of the organization named above, have read the Use of Facilities Policy governing the use of school facilities and grounds, and am empowered to guarantee that this organization will comply with it in full. I understand further that should the Use of Facilities Policy not be adhered to, permission for further use of school grounds or facilities may be denied. The Superintendent reserves the right to deny or rescind approval of a school facility based on good cause.

Name of Applicant (please print)

Signature of Applicant

Date

FOR SCHOOL DEPARTMENT USE:

Senior Custodian _____ Date _____

Superintendent of Schools _____ Date _____

Principal _____ Date _____

Recreational Department _____ Date _____

The cost for rental of this area on this date is \$_____. The cost for custodian/cafeteria personnel is \$_____.
Check is to be made payable to Little Compton School Department and forwarded to the Business Office upon receipt of bill.

Little Compton School Department
28 Commons
P.O. Box 178
Little Compton, RI 02837

FOR POLICE AND FIRE DEPARTMENT USE:

Requesting Coverage

Fire Marshal YES / NO

Police YES / NO

Certificate of Additional Insured Attached YES/NO

Notes: _____

Copy of completed form must be sent to: APPLICANT, BUILDING PRINCIPAL, SENIOR CUSTODIAN,
SUPERINTENDENT OF SCHOOLS, IF APPLICABLE; FIRE MARSHAL, POLICE.

FOR INTERNAL USE ONLY