

# KILLINGLY PUBLIC SCHOOLS' FACILITY REQUEST FORM

Rv: 10/18

Please Apply for Building Use 3-4 weeks before event.

79 Westfield Ave., P.O Box 210 Killingly, CT 06239 Tel. # 860 779-6600 Fax.# 860 779-3798 www.killinglyschools.org

Name of Applicant: \_\_\_\_\_ Tel.# \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

Contact tel.# during event: \_\_\_\_\_ email: \_\_\_\_\_

***A current Certificate of Insurance (COI) is required to be on file at Central Office before final approval is granted. "Killingly Board of Education, and Town of Killingly and their Agents and Servants" must be typed as additional Certificate Holders on the Insurance certificate.***

Building Requested: \_\_\_\_\_

Specific Area Needed: \_\_\_\_\_

Kitchen Staff Needed: Yes / No IT Support Needed for entire event: Yes / No IT Support Needed for set up only: Yes / No

**Internal Event Requires Applicant to Submit IT Ticket, Print it and attach to form: IT Ticket Submitted and Attached \_\_\_ Yes**

Estimated # of Attendees (Required): \_\_\_\_\_

Day of Week & Dates needed: \_\_\_\_\_

Earliest time of access for preparation: \_\_\_\_\_ Time Event Starts: \_\_\_\_\_ Exit Time: \_\_\_\_\_

**Applicant's Signature (front & back):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BELOW FOR CENTRAL OFFICE USE ONLY- Estimated Facility Fees**

CO: \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Student Activities: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Food Services (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

IT (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

O&M Director: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

# Of Custodians Needed Per Day: \_\_\_\_\_

Café or I.T Technician Needed: \_\_\_\_\_

Estimated Fee \$ \_\_\_\_\_

Estimated Fee \$ \_\_\_\_\_

**BUILDING USE FEE AT THE DISCRETION OF THE SUPERINTENDENT: Monday-Saturday: \$60.00 per hour** of occupancy, includes 1 custodian. **Sunday: \$80.00 per hour** of occupancy, includes 1 custodian. **\*Additional custodians @ 40.00 per/hour or additional fees may incur at the discretion of the Superintendent based upon the event description and attendance.** If you have any questions, please call (860) 779-6600

As the authorized agency of the organization, I assume responsibility and liability for personnel services and facility use charges assessed by the Killingly Public Schools and any unanticipated cost resulting from the use of such facilities and personnel services due to vandalism, mischievousness, misconduct, disobedience and other reasons. Further, I agree to provide the services of other persons, i.e., fire, police, and supervisors as required, and to enforce the statute of "NO SMOKING" in school buildings. I understand and will enforce the policy that alcohol, malt beverages and controlled substances are absolutely forbidden in and on any school property.

- NO SMOKING ON SCHOOL PROPERTY
- NO ALCOHOL ON SCHOOL PROPERTY
- PARKING IN DESIGNATED PARKING LOTS ONLY, No parking on sidewalks or
- FOOD AND DRINKS ALLOWED IN CAFETERIA

**IF ANY OF THE CONDITIONS ARE NOT FOLLOWED, USE OF FACILITIES MAY BE REVOKED IMMEDIATELY.**

Organizations granted approval to use school facilities must:

1. **Employ personnel assigned by school officials and police and fire departments when required.**
2. **Pay for services by check within 30 days of received invoice. Checks payable to: "Killingly Public Schools"**

**\*APPLICANT PLEASE READ AND SIGN\***

TOWN OF KILLINGLY - KILLINGLY BOARD OF EDUCATION HOLD HARMLESS AGREEMENT

As the(state position in organization)\_\_\_\_\_ of \_\_\_\_\_,

I have the specific authority to sign this form and the agency I represent hereby agrees to be bound by the conditions stated in this form.

As agent for the above-named organization, I hereby assume full responsibility for any unanticipated costs, claims or demands resulting or arising from our use of such facilities due to any cause whatsoever and the organization named above does hereby specifically agree to hold the Town of Killingly and the Killingly Board of Education harmless on any claims or demands arising from such use, and further specifically agrees to name the Town of Killingly and the Killingly Board of Education as additional insured on any liability policy covering such activity. The Killingly Board of Education specifically reserves the right to require Certificates of Insurance prior to the It is specifically agreed that any claims or demands made by any person on school property or grounds as a result of the activity at the named organization, whether as an invitee or otherwise, shall specifically be covered by any liability insurance policy and specifically be subject to the requirements of the Town of Killingly – Killingly Board of Education Hold Harmless Agreement.

A notice of cancellation must be received at least **72 hours (3 days)** prior to the event. Such cancellation may be waived by mutual consent.

**\*Signature of Applicant:**\_\_\_\_\_ **Date:**\_\_\_\_\_

Additional Space for Event Information:

O&M USE ONLY			
Distribution to:	Custodian		Date
	Maintainer		Date