

## APPLICATION FOR USE OF FACILITIES CANTERBURY SCHOOL SYSTEM

Revised 9/15/2023

**I am aware that:**

1. Please submit 2 weeks prior to first use of the facility.
2. Please have an approved application with you each time you use the facility.
3. If the group has general liability insurance, please provide a certificate of insurance naming Canterbury Board of Education as additional insured for bodily injury and property damage.
4. The duty authorized person must be present at all times while the facility is being used.
5. If school is closed, the facility may not be used. (Holidays and vacations)

**K-4\_\_\_\_\_age appropriate only**  
**Canterbury Elementary school**

**5-8 \_\_\_\_\_**  
**Dr. Helen Baldwin Middle School**

**Name of organization or group :** BOE

**Date(s) desired:** \_\_\_\_\_

**Time: \_\_\_\_\_ from: \_\_\_\_\_ to \_\_\_\_\_ Building closes at 9:30 PM**

**Type of Activity:** \_\_\_\_\_

**Facilities Needed:**☐ Gymnasium   ☐ Cafeteria   ☐ Kitchen   ☐ Playground   ☐ Library   ☐ other

Equipment: \_\_\_\_\_

**Number of people expected:** \_\_\_\_\_

**I am aware that:**

1. Facilities will not be available when school is in session.
2. Special services of custodians are not provided unless arranged at time of request.
3. School activities have preference if conflict exists.
4. **Out of town groups are not eligible**

I am familiar with board of education policies and accept the terms and requirements as stipulated.

Name of duly authorized person who will remain **on site** the entire time during use of facility

Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

| Address | Phone Number |
|---------|--------------|
|---------|--------------|

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_ Date \_\_\_\_\_

[illegible]

Official use only

Reviewed by: ☐ Superintendent's office ☐ Building Principal ☐ Facilities Department ☐ Business Office

Application is approved: ☐

Application is not approved: ☐ Reason \_\_\_\_\_

**Superintendent:** \_\_\_\_\_

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

**Building Principal:** \_\_\_\_\_

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

**Director of Facilities:**

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