

**SCHOOL DISTRICT OF CONWAY
REQUEST FOR USE OF SCHOOL FACILITIES**

KENNETT HIGH SCHOOL

409 EAGLES WAY
NORTH CONWAY, NH 03860

PHONE: 603-356-4343
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EMAIL: L_SHEAFF@SAU9.ORG

Name of Organization: _____

Type of activity: _____

School Sponsored? _____ Will admission be charged? Yes ___ No ___ Admission Fees: _____

Date(s) of Activity requesting:

Availability is dependent on several factors such as: Availability of space (school functions come first), availability of custodian and A/V Techs

Day of week	Date (i.e., 10/20/17)	Start time of event	End time of event	Time building to be opened – include set-up	Time building to be closed – include clean-up NO LATER THAN 10:30PM
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please tell us about what you will require for your event:

<p><u>Custodial Requests for Set Up:</u></p> <p>Tables:</p> <p> Round (only avail. in Cafe) = # _____</p> <p> Rectangle = # _____</p> <p>Chairs: # _____</p> <p>Podium (circle one): Yes No</p>	<p><u>A/V Tech Needs for Your Event:</u></p> <p>Microphone (circle one): Yes No</p> <p>Projection:</p> <p> Power Point shown from: ___ Laptop (provided by you), ___ Thumb Drive</p> <p> ___ Disc ___ Other source, describe: _____</p> <p> Other - Describe: _____</p>
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Certificate of Insurance:

*I hereby understand that I am responsible and liable for any damages that may occur to either the building or grounds from above activity. Any damage I notice prior to my/our use will be reported to the office. Restitution will be made to ensure continuance of use of the facility. **As requested by the SAU#9 office, I have enclosed an appropriate certificate of insurance which also names the Conway School District as an additional insured.***

I am solely responsible for and hold the District harmless from any accident or injury that may occur relating to attendance at this event. This includes any travel to and from the event.

I have read, understood and accept all of the above conditions:

Person(s) Responsible for Activity:

Signature: _____ Please Print: _____

Mailing Address: _____

Phone: _____ Email Address: _____

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Fees for Use of School Facilities:

Usage fee may be waived at the discretion of the Building Principal.

Rental charge and payment of custodial fees required: Any group or individual organized and operating for any private gain.

Building and Room(s) or Field(s) Desired – Please ✓ your choice:

Kennett High School	Half Day (+ Evening)	Full Day
___ Gym (max. cap. 1000 bleachers/ 200 floor)	\$270	\$400
___ Cafeteria (max. cap. 300)	\$120	\$190
___ Library (max. cap. 100)	\$100	\$150
___ Auditorium (max. cap. 496 + 4 handicap access. seats)	\$200	\$300
___ Classroom(s) # needed: _____ (max. cap. 25)	\$30	\$40
___ Field(s)		
#1 ___	\$80	\$140
#2 ___	\$80	\$140
#3 ___	\$80	\$140
#4 ___	\$80	\$140
___ Tennis Courts	\$80	\$140
___ Track	\$80	\$140
Millen Stadium Concession Stand	By Separate Agreement	By Separate Agreement

Estimate of Charges:

Charges for Custodian and Techs begin at the start time for set-up to end of clean-up which is to be finished by 10:30pm.

- **Charge for Use of Room(s):** \$ _____
- **Sound / Lighting Tech (\$25 per hour/2 hr minimum charge)** \$ _____
- **Custodian(s) (\$25 per hour/2 hr minimum charge)** \$ _____

Total **ESTIMATED** Charges \$ _____

50% Deposit Attached \$ _____ **Check #** _____

You will be invoiced after your event based on the ACTUAL costs.



**Before turning in this form please be sure you have provided the following items.
Failure to do so will delay the processing of your request until all items have been submitted.**

- ___ Completed Facilities Use Form
- ___ 50% Deposit - this includes **ESTIMATED** cost of rental, custodian & A/V tech
- ___ Certificate of Insurance (currently up to date)

**** Approval of forms can take approximately two weeks**



KHS Office:

NOT TO BE APPROVED WITHOUT DEPOSIT & CERTIFICATE OF INSURANCE ATTACHED

Approved by: _____ (Principal's Signature) Date: _____