

**SCHOOL DISTRICT OF CONWAY
 REQUEST FOR USE OF SCHOOL FACILITIES
 KENNETT HIGH SCHOOL, 409 Eagles Way, North Conway, NH 03860
 Telephone: 603-356-4343 – Fax: 603-356-4391
 Or email Leslie Sheaff at:
 l_sheaff@sau9.org**

NO. _____
 (Sequential)

Name of Organization _____

Date(s) of Activity

Day	Date (i.e., 10/20/07)	Start Time of Event	End Time of Event	Time Building to be Opened*	Time Building to be Closed*
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

**Be sure to include set-up and clean-up time requiring custodial coverage.*

Type of Activity _____

Is This Activity School Sponsored? _____

Will Admission Be Charged? Yes___ No___ Admission Fees: _____

~~ Please note any required special arrangements such as chairs, tables, phones, microwave, etc.~~

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: _____
(Signed) (PLEASE PRINT)

Mailing Address: _____

Daytime Phone: _____ Email Address: _____

Fees For Use of School Facilities

No usage fee required for the following (custodial fee to be charged if not normally on duty):

Municipal agencies and non-sectarian, non-profit groups primarily, boards and commissions of the Town of Conway, school sponsored activities, parent-teacher associations, Boy Scouts and Girl Scouts of America, Little League, Babe Ruth League, etc.

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 \surd choice):

<input type="radio"/> KENNETT HIGH SCHOOL	Half Day (+ Evening)	Full Day
___ Gym	\$270	\$400
___ Cafeteria	\$120	\$190
	Non-profit group fee \$0	Non-profit group fee \$0
___ Library	\$100	\$150
___ Auditorium * (capacity 496)	\$150	\$220
	Non-profit group fee \$50	Non-profit group fee \$100
___ Classroom (s) _____	\$30	\$40
___ Field (s)		
#1 _____	\$70	\$100
#2 _____	\$70	\$100
#3 _____	\$70	\$100
#4 _____	\$70	\$100
___ Tennis Courts	\$70	\$100
___ Track	\$70	\$100
Millen Stadium Concession Stand	By Separate Agreement	By Separate Agreement

ESTIMATE:

Charge for Use of Room(s) _____

Food Service Staff (use \$25.00 per hour) _____

Sound/Lighting Staff (use \$25.00 per hour) _____ (separate contract with tech person)

Custodian (s) (use \$25.00 per hour) _____

TOTAL (estimated) CHARGES _____ KHS Office Use: SchoolDude # _____.

Initial Deposit of 50% Attached _____

Estimated Balance Due _____ (To be invoiced after event) Based on actual cost.

*+50% Surcharge for July, August and September.

***Depending on time of year and cost, there may be a fuel surcharge added to non-profit as well as for profit charges.

KHS Office Staff: Complete this section as soon as activity has been completed and then forward a copy of entire form to the SAU #9 Office.

Custodian(s) on Duty _____ Food Service Staff on Duty _____

Date(s) _____ Total Number of Hours Worked _____ (name)

NOT TO BE APPROVED WITHOUT DEPOSIT ATTACHED

Approved By _____ (Principal's Signature) Date _____

Print Name Please _____