

**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

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  choice):

O KENNETT HIGH SCHOOL	Half Day (+ Evening)	Full Day
___ Gym	\$270	\$400
___ Cafeteria	\$120	\$190
___ Library	\$100	\$150
___ Auditorium *	\$200	\$300
___ Classroom (s) _____	\$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:***

Charge for Use of Room(s) \_\_\_\_\_

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

Sound/Lighting Staff (use \$25.00 per hour) \_\_\_\_\_

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 \_\_\_\_\_