TIMBERLANE REGIONAL HIGH SCHOOL

Atkinson, Danville, Plaistow, Sandown New Hampshire

APPLICATION FOR USE OF SCHOOL FACILITIES

School Requested:	Facility Requested:		t:	
Date Needed://	Arrival - Departure:	Event :	Event Start - End:	
	Address:			
Name of Applicant:				
Estimated # of Participants:				
[] School Sponsored			Outside District	
•	L SERVICES – PLEASE SPECIFY			
Audio/Visual Equipment:				
Stage:				
Kitchen: (Wi	II be closed to the public unless	a food service employee	is present)	
Custodial: [] Setup []	During [] Cleaning			
or equipment. The holder must pay the tax of All school equipment such as projectors, put service. All activities are to terminate no late using the building on Friday or Saturday must should conflict with school related use arise will be considered when undue or extreme the Rental fees are to be paid to the Principal of Disorderly conduct or abuse of the building of Persons or organizations using school facilities stored on school premises. Each applicant must users Insurance coverage documentation or SIGNED BY:	polic address systems, etc., must be er than midnight unless approval is set be responsible for rubbish dispose after agreement for use is made, nardships would result for the control of the building being used. Checks may result in forfeiture of future uses do so at their own risk and at the nust sign a convenient not to sue are purchase special event coverage for the properties.	operated by authorized pers granted one week in advancesal. the school related use will taracting organization. are to be made payable to se of the building. e risk of their own material and indemnity agreement and rom the Timberlane School E	onnel and a fee will be charged for this te to extend beyond midnight. Persons ake priority. Exemptions and alternatives the Timberlane Regional School District. and equipment, which may be used or be required to prove Certificates of	
THE ABOVE A	APPLICATION IS HEREBY APP	ROVED UNDER THE CO	NDITIONS STATED	
District Coordinator		Prir	ncipal	
Date:				
Rental Fee:	Other Charges:	Total:	:	
Payment Received:				