

**APPLICATION FOR COMMUNITY USE OF SCHOOL FACILITIES**

**(Campus Under Video Surveillance / No Alcohol Or Tobacco Allowed On Any School Campus)**

Name of School: \_\_\_\_\_ Date of Use: \_\_\_\_\_

Time You Want Access to the Building: \_\_\_\_\_ Time You Will Leave the Building: \_\_\_\_\_

Time Event Will Begin and End: \_\_\_\_\_

Specific Rooms Requested: \_\_\_\_\_

**NO FOOD OR DRINK IN LOBBY, AUDITORIUM, GYMNASIUMS OR POOL AREAS**  
**Any Violation of these Rules Will Result In Loss of Facility Usage**

Reason for Use: \_\_\_\_\_

Will an admission be charged? \_\_\_\_ Yes \_\_\_\_ No If so, how much? \$ \_\_\_\_\_

How will these funds be used? (Please be specific)

\_\_\_\_\_

How many people do you estimate will be at the activity? \_\_\_\_\_

Who will be the on-site supervisor for the people attending this activity? \_\_\_\_\_

Please indicate any special Equipment needed: Overhead Projector: \_\_\_\_ Screen: \_\_\_\_ LCD: \_\_\_\_ Other: \_\_\_\_

\_\_\_\_\_

Is this activity in compliance with Title IX regulations that prohibit discrimination on the basis of sex? \_\_\_\_ Yes \_\_\_\_ No

Security – Requirements for security and / or police will be reviewed by Security / Facilities Directors, and security will be assigned as needed. Fees for security will be added to any billable overtime as listed under facilities service fees on the back side of this form. **As per BOE Policy 3517, doors shall NEVER be propped open per Fire Code.**

If the cafeteria/kitchen area is being used, the Director of Food Services should be contacted at (203)426-7637.

A certificate of insurance must be on file at our Business Office before the date of use. Amounts of coverage required are \$1,000,000/\$2,000,000 Bodily Injury and \$100,000 Property Damage. We can expect a copy of your policy to be on file with us by \_\_\_\_\_ (date).

I (We) have read the Newtown Board of Education policy governing Community Use of School Facilities, and I (We) agree to comply with them. We understand that rooms are not to be considered as rented until official, signed approval notice has been received.

(Signed) \_\_\_\_\_

(Dated) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Print or Type Name Signed Above)

(Phone)

\_\_\_\_\_

\_\_\_\_\_

(Name of Organization)

\_\_\_\_\_

(Email Address)

Office Use Only: \_\_\_\_\_ Approval by Building Principal

\_\_\_\_\_ (Reviewed by Director of Operations)

\_\_\_\_\_ (Reviewed by Director of Security)

***(Please see the other side of the sheet for information regarding fees and charges.)***

**Facility Rental Fees:**

<b>Descriptions:</b>	<b>Minimum</b>	<b>Hourly After 4 Hours</b>
High School Auditorium <i>(including 2 dressing rooms)</i>	\$1,000.00	\$250.00
Middle School Auditorium	\$500.00	\$125.00
High School Gym	\$500.00	\$125.00
Middle School Gym	\$250.00	\$62.50
Reed Intermediate School Gym	\$250.00	\$62.50
Elementary School Gyms	\$200.00	\$50.00
Cafeteria	\$200.00	\$50.00
Kitchen (High School / Reed Intermediate)	\$250.00	\$62.50
Kitchen (Middle / Elementary Schools)	\$200.00	\$50.00
Classrooms	\$100.00	\$25.00
Library	\$125.00	\$31.25
Shop, Art Room, Science Labs	\$200.00	\$50.00
High School Lecture Hall	\$200.00	\$50.00
Pool	\$800.00	\$50.00
NHS Stadium	\$1,000.00	\$250.00
High School Project Adventure Challenge Course	\$300.00	\$75.00

**Service Fees:**

Sound & Lighting Supervisor	\$50.00	
Sound & Lighting Technician	\$15.00	<i>(Increasing to \$15.69 on 1/1/2024)</i>

**Sunday Energy Fees:**

High School	\$313.00
Middle School	\$313.00
Reed Intermediate School	\$313.00
Head O'Meadow	\$188.00
Hawley	\$188.00
Middle Gate	\$188.00
Sandy Hook	\$188.00

**Security Fees** - Applicable on Saturday, Sunday, holidays, and weeknights when security is requested and/or deemed necessary by school administration.

\$31.59 - \$39.95 hourly rate per employee (Weeknights and Saturdays)

\$42.12 - \$53.26 hourly rate per employee (Sundays and Holidays)

**Custodial Fees** - Applicable on Saturday, Sunday, holidays, and weeknights when a custodian needs to be called in for the activity.

\$41.42 - \$53.58 hourly rate per employee (Weeknights and Saturdays)

\$55.22 - \$71.44 hourly rate per employee (Sundays and Holidays)

**FEES MUST BE PAID WITHIN TWO WEEKS**

**NEWTOWN PUBLIC SCHOOLS COMMUNITY  
USE OF SCHOOL FACILITIES**

**INDEMNIFICATION AND RELEASE**

This form is valid for a period of one calendar year from the date signed for each application of usage which is made.

In consideration of the permission granted to it by the Newtown Board of Education to use the school building, grounds, facilities, and/or equipment, the undersigned does hereby indemnify and hold harmless the Newtown Board of Education and the Town of Newtown (CT), their employees, agents, contractors and assigns against any and all loss or expense, including attorneys' fees, court costs, damages, liability and any other amounts for any and all bodily injuries, including death, and/or for any and all property damage sustained accidentally or otherwise sustained by any person arising out of or connected with the undersigned's use of the school building, grounds, facilities, and/or equipment.

The undersigned further waives the right to initiate and/or pursue in any manner any and all lawsuits and any other claims in any forum against the Newtown Board of Education or the Town of Newtown, its individual Board members, officers, employees, agents, contractors and assigns for any injury or harm connected to the undersigned's use of the Board's facilities, including but not limited to claims for negligent acts or omissions and/or claims for death and/or serious bodily injury and/or claims for property damage.

The undersigned assumes responsibility for any damage to and/or theft or loss of any school district property arising out of the use of the buildings, grounds, facilities, and/or equipment.

The undersigned has read and agrees to abide by the terms of the Newtown Board of Education policies and procedures pertaining to the use of Board buildings, grounds, facilities, and/or equipment.

IN WITNESS WHEREOF, I hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Name of Group/ Agency/ Program