B&G Approval:_____ Date:_____

COLCHESTER SCHOOL DISTRICT ADMINISTRATIVE OFFICE, P.O. BOX 27 COLCHESTER, VT 05446-0027 (802) 264-5999

APPLICATION FOR USE OF SCHOOL BUILDING FOR OTHER THAN REGULAR SCHOOL PURPOSES

| I. | APPLICANT: Com | plete Section I only and submit form to school requested. | Date: |
|------------------------------|---|---|---|
| The und | dersigned hereby mak | kes application on behalf of | for permission to |
| | | - | |
| use | (1 1) | This area/room(s) is (type of area/# of classrooms) | s needed on |
| | (school) | (type of area/# of classrooms) | (date) |
| My eve | nt starts at(hour) | , but I need access to the area/room(s) from to (hour) (hour) | The purpose of this event |
| | | Charges for admission will be \$ | |
| The adu comply to make | alt in charge of this even with the rules and re e good any damage to | vent(s) will be If said perm gulations governing the use of school buildings, to take the utmost o, or loss of, school property arising from use of the building. | ission is granted, I hereby agree to care in the use of school property and |
| | | | Phone |
| | | | Fax |
| | Signature | Name & Address (Please Print Clearly) | |
| II. EQI | U IPMENT/STAFFI Plea | NG NEEDS ase be aware that your request will not be reviewed until this sectio | n is completed. |
| a) | Will you need custod | lial support? Yes \Box No \Box | |
| b) | Will you be using the | e CHS Theatre? Yes \Box No \Box | |
| c) | • | chnology during this time? Yes \Box No \Box If No skip to end) | |
| d) | What type of device | will you be using? Personal \Box District \Box | |
| e) | Are you using a com | puter Lab? Yes 🗆 No 🗆 | |
| f) | What type of accoun | t will the participants use? None \Box Guest \Box CSD Account \Box | |
| g) | What type of accoun | t will the presenter use? None \Box Guest \Box CSD Account \Box | |
| | ((| Only CSD employees will get CSD Accounts) | |
| h) | What type of access | do you need? Internet Only \Box Internet and District \Box | |

(Only CSD employees will get District access)

- i) Please check off the following equipment you will need.
 - LCD Projector \Box (projector in the theatre is located in the light booth, which is in the back of theatre)
 - Sound Support in Theatre \Box
 - Lighting Support in Theatre \Box
 - Projection Clicker \Box
 - Microphone \Box

Do you need a technology staff person here to support your event? Yes \Box No \Box

Note: If you are using your own computer and it is a MACINTOSH, then you are responsible for bringing ALL connection cables for projects etc. CSD is NOT an apple based school so we will not be able to supply cables to connect the device to any of our equipment.

What other special requests should we prepare for?

| The _ | Request: Approved Denied | | | |
|-------|--|--|--|--|
| lurin | g the hours requested. Administrator's Signature Date | | | |
| IV. | TERMS AND CONDITIONS | | | |
| 1. | Staff required per school policy: Custodial: Yes \Box No \Box N/A \Box Cafeteria: Yes \Box No \Box N/A \Box | | | |
| 2. | Classification: Group # | | | |
| 3. | Rental Rate (when applicable): \$ | | | |
| 4. | Cost of staff coverage (if applicable): Custodial @ \$/hour*; Cafeteria @ \$/hour | | | |
| | *Minimum 4 hour custodial fee for weekend coverage at \$25.00/hour. Additional cost for snow removal may be assessed. | | | |
| 5. | Other instructions: | | | |
| 6. | . Police required: Yes \Box No \Box | | | |
| | If yes: Arrangements may be made with Colchester Police Department at 264-5556; inform the building administrator of of the officer(s) scheduled for coverage. | | | |
| 7. | Possession or consumption of alcoholic beverages and smoking on school property is strictly prohibited at all times. School property is defined as all buildings and grounds owned, operated, or rented by the Colchester School District. | | | |
| 8. | Eating/drinking is not allowed in the theater (i.e. auditorium). | | | |
| 9. | If a school event must be held at the same time/place, the school will give as much advanced notice as possible. | | | |
| 10. | Payment in advance is due when the event is scheduled. Please make check payable to the Colchester School District. | | | |
| 11 | Please call the Administrative Office at 264-5999 if you have any questions. | | | |

Signature of Business and Operations Manager
Date:_____

SP 07-010 Please send one copy to the applicant and the custodial staff. School should retain/file original.