



APPLICATION FOR PUBLIC USE OF SCHOOL FACILITIES

NOTE: Due not less than 14 days before the day for which the application is made. Payment is required five business days prior to the event.

Date of Application:

I. Applicant Information:

Organization/Individual Name:

Contact Person:

Title/Position:

Mailing Address:

City, State, Zip Code:

Phone Number:

Email Address:

II. Facility Request:

School Building Requested:

- ☐ Broad Brook Elementary School
- ☐ East Windsor Middle School
- ☐ East Windsor High School

School Facility Requested: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Athletic Field(s) (Specify): |
| <input type="checkbox"/> Auditorium/Stage | <input type="checkbox"/> Library/Media Center |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Classroom(s) (Specify number): | |

Requested Date(s) and Time(s) of Use:

Start Date:

End Date:

Start Time:

End Time:

Purpose of Use (Be specific):

Type of Event

- ☐ Academic
☐ Arts/Performing Arts
☐ Athletic

- ☐ Religious
☐ Political
☐ Other

Number of adult participants

Number of child participants

Number of spectators or attendees

Will admission be charged? ☐ Yes ☐ No

If yes, what is the fee? \$

What will proceeds be used for?

Will any special equipment or setup be required? ☐ Yes ☐ No

If yes, please describe:

Will food or beverages be served? ☐ Yes ☐ No

If yes, please describe:

Are you requesting the use of school equipment (e.g., tables, chairs, audio-visual)?

☐ Yes ☐ No

If yes, please specify:

III. Insurance and Liability:

Do you have liability insurance? ☐ Yes ☐ No

If yes, please provide the name of your insurance provider and policy number:

Insurance Provider:

Policy Number:

Please submit proof of insurance with this form

IV. Agreement and Acknowledgement:

- ☐ I/We have read and understand the East Windsor Public Schools' policies and procedures regarding the public use of school facilities and agree to abide by them. Further, I/we understand that failure to comply with said policies and procedures will result in my/our removal from the East Windsor Public Schools facilities and forfeiture of any fees paid to the district.
- ☐ I/We heresy agree to indemnify and save harmless the Town of East Windsor, the East Windsor Board of Education, their agents, employees and elected officials from and against all damages, expenses and claims which they may suffer because of the use of the facilities named in this agreement. I/We agree to be responsible for any damages to the facilities or equipment that occur as a result of our use.
- ☐ I/We agree to leave the facilities in a clean and orderly condition immediately following our event.
- ☐ I/We understand that the East Windsor Public Schools reserves the right to deny or revoke facility use based on scheduling conflicts, policy violations, or other valid reasons.

Signature of Applicant:

Date:

Printed Name of Applicant:

Submit this completed form and all related documentation to the EWPS Director of Finance

This section to be completed by the East Windsor Public Schools

Approved: ☐ Yes ☐ No

Date Received:

Facility Use Fee (if applicable): \$

Custodial Fee (if applicable): \$

Other Fees (if applicable): \$

Total Fee: \$

Copy of 403B Form (Non-profit status) Received: ☐ Yes ☐ No

Insurance Certificate Received: ☐ Yes ☐ No

Police Presence Required: ☐ Yes ☐ No

*** Applicants are required to contact the EWPD directly and confirm police presence with the Business Office**

Conditions/Notes:

Signature:

Date:

Signature of Superintendent: