## **APPLICATION FOR USE OF SCHOOL PROPERTY**



Springfield Public Schools Facilities Management 233 Allen Street Springfield, Massachusetts 01108

## APPLICATIONS MUST BE SUBMITTED AT LEAST 14 DAYS PRIOR TO ANTICIPATED USE

| NAME OF ORGANIZA           | ΓΙΟΝ                   |                                |   |  |  |
|----------------------------|------------------------|--------------------------------|---|--|--|
| SCHOOL OR GROUND           | S TO BE USED           |                                |   |  |  |
| FOR USE OF FACILITY        | (Auditorium, gymnas    | ium, classroom, etc.)          |   |  |  |
|                            |                        |                                |   |  |  |
| EXPECTED ATTENDA           | NCE                    |                                |   |  |  |
| DATES REQUESTED:           | DAY OF WEEK            | MONTH AND DAY                  | HOURS<br>FROM TO  |  |  |
|                            |                        |                                |   |  |  |
| SCHOOL EQUIPMENT           | LOOKING TO USE _       |                                |   |  |  |
| EQUIPMENT OR APPA          | RATUS TO BE BROU       | GHT INTO BUILDING              |   |  |  |
|                            |                        |                                |   |  |  |
| ADMISSION CHARGES          | S                      | DISPOSAL OF PROCEEDS           |   |  |  |
| and to accept full respons | ibility for any damage | to or loss of school property. | nd regulations governing the use of surity, firemen, stage managers or elec |  |  |
| requested by the Springfi  |                        |                                |   |  |  |
| DATE OF APPLICATION        |                        | NAME OF APPLIC                 | NAME OF APPLICANT(PLEASE PRINT)   |  |  |
| ADDRESS                    |                        |                                |   |  |  |
|                            |                        | TITLE                          |   |  |  |
|                            |                        | TELEPHONE NUM                  | MBER  |  |  |
| SIGNATURE                  |                        | FAX NUMBER                     |   |  |  |
|                            |                        | (FOR SCHOOL USE ONLY)          |   |  |  |
|                            |                        |                                | ON PERMIT NUMBER _  |  |  |
|                            |                        | CUSTODIAL CLEAN                |   |  |  |
|                            |                        | CUSTODIAL CLEA                 |   |  |  |
|                            |                        |                                |   |  |  |
| COMMENTS                   |                        |                                |   |  |  |