

**SCHOOL DISTRICT OF CONWAY  
REQUEST FOR USE OF SCHOOL FACILITIES**

**KENNETT HIGH SCHOOL**  
409 Eagles Way  
North Conway, NH 03860

PHONE: 603-356-4343  
FAX: 603-356-4391

Name of Organization: \_\_\_\_\_  
Type of activity: \_\_\_\_\_  
School Sponsored? \_\_\_\_\_ Will admission be charged? Yes \_\_\_ No \_\_\_ Admission Fees \_\_\_\_\_

**Date(s) of Activity requesting:**

*Availability is dependent on several factors such as: Availability of space (school functions come first), availability of custodian and A/V Techs*

| Day of week | Date<br>(i.e., 10/20/17) | Start time of event | End time of event | Time building to be opened – include set-up | Time building to be closed – include clean-up<br><b>NO LATER THAN<br/>10:30PM</b> |
|-------------|--------------------------|---------------------|-------------------|---|---|
| Sunday      |                          |                     |                   |   |   |
| Monday      |                          |                     |                   |   |   |
| Tuesday     |                          |                     |                   |   |   |
| Wednesday   |                          |                     |                   |   |   |
| Thursday    |                          |                     |                   |   |   |
| Friday      |                          |                     |                   |   |   |
| Saturday    |                          |                     |                   |   |   |

**Please tell us about what you will require for your event:**

**Custodial Requests for Set Up:**

Tables:  
Round (only avail. in Cafe) = # \_\_\_\_\_  
Rectangle = # \_\_\_\_\_  
Chairs # \_\_\_\_\_  
Podium (circle one): Yes \_\_\_ No \_\_\_

**A/V Tech Needs for Your Event:**

Microphone (circle one) Yes \_\_\_ No \_\_\_  
Projection:  
Power Point shown from \_\_\_ Laptop (provided by you), \_\_\_ Thumb Drive  
\_\_\_ Disc \_\_\_ Other source, describe: \_\_\_\_\_  
Other - Describe: \_\_\_\_\_

**Certificate of Insurance:**

*I hereby understand that I am responsible and liable for any damages that may occur to either the building or grounds from above activity. Any damage I notice prior to my/our use will be reported to the office. Restitution will be made to ensure continuance of use of the facility. As requested by the SAU#9 office, I have enclosed an appropriate certificate of insurance which also names the Conway School District as an additional insured.*

*I am solely responsible for and hold the District harmless from any accident or injury that may occur relating to attendance at this event. This includes any travel to and from the event.*

**I have read, understood and accept all of the above conditions:**

Person(s) Responsible for Activity:

Signature: \_\_\_\_\_ Please Print: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I certify that I am an authorized representative of \_\_\_\_\_ group, league, organization, business, etc.) using Conway School District's facilities and/or premises. By my signature below, I agree that during its use of Conway School District's facilities and/or premises \_\_\_\_\_ (group, league, organization, business, etc.) will provide the appropriate level of risk mitigation including, but not limited to, adherence to guidelines as outlined in Governor Sununu's Safer At Home and other emergency orders, the CDC, and the New Hampshire Department of Health and Human Services concerning these activities.

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**Signature of Authorizing Agent**

**Date**

### Fees for Use of High School Facilities

Usage fee may be waived at the discretion of the Building Principal.

Rental charge and payment of custodial fees required: Any group or individual organized and operating or any private gain.

Building and Room(s) or Field(s) Desired – Please ✓ your choice:

| Kennett High School                                       | Half Day (+ Evening)  | Full Day              |
|---|-----------------------|-----------------------|
| ___ Gym (max. cap. 1000 bleachers/ 200 floor)             | \$270                 | \$400                 |
| ___ Cafeteria (max. cap. 300)                             | \$120                 | \$190                 |
| ___ Library (max. cap. 100)                               | \$100                 | \$150                 |
| ___ Auditorium (max. cap. 496 + 4 handicap access. seats) | \$200                 | \$300                 |
| ___ Classroom(s) # needed: (max. cap. 25)                 | \$30                  | \$40                  |
| Field(s)  |                       |                       |
| #1  | \$80                  | \$140                 |
| #2  | \$80                  | \$140                 |
| #3  | \$80                  | \$140                 |
| #4  | \$80                  | \$140                 |
| Tennis Courts   | \$80                  | \$140                 |
| Track   | \$80                  | \$140                 |
| Millen Stadium Concession Stand                           | By Separate Agreement | By Separate Agreement |

**Estimate of Charges:**

**Charges for Custodian and Techs begin at the start time for set-up to end of clean-up which is to be finished by 10:30pm.**

- **Charge for Use of Room(s):** \$ \_\_\_\_\_
- **Sound / Lighting Tech (\$30 per hour/2 hr minimum charge)** \$ \_\_\_\_\_
- **Custodian(s) (\$30 per hour/2 hr minimum charge)** \$ \_\_\_\_\_

**Total ESTIMATED Charges** \$ \_\_\_\_\_

**50% Deposit Attached** \$ \_\_\_\_\_ **Check #** \_\_\_\_\_

You will be invoiced after your event based on the ACTUAL costs.

**Before turning in this form please be sure you have provided the following items. Failure to do so will delay the processing of your request until all items have been submitted.**

- \_\_\_ Completed Facilities Use Form
- \_\_\_ 50% Deposit - this includes **ESTIMATED** cost of rental, custodian & A/V tech
- \_\_\_ Certificate of Insurance (currently up to date)

**\*\* Approval of forms can take approximately two weeks**

KHS Office:

**NOT TO BE APPROVED WITHOUT DEPOSIT & CERTIFICATE OF INSURANCE ATTACHED**

Approved by: \_\_\_\_\_ (Principal's Signature) Date: \_\_\_\_\_