Leicester Public Schools

Application for Use of Facilities/Fields

Name of Organization: _____

Address: _____ Email: _____

Contact Number: _____

School and Area requesting: _____

Access to Internet or use of Technology Equipment? Yes/No (Circle)

Use of LPS Food Service? Yes/No (Circle)

If Technology Equipment needed or LPS Food Service, please specify:

_____

Date(s) requesting: _____Time(s): _____am/pm _____am/pm

Purpose: _____

LEICESTER PUBLIC SCHOOLS -COMMUNITY USE OF SCHOOL FACILITIES - FEE SCHEDULE USER CATEGORIES

Recognizing that school facilities should primarily serve School District educational purposes, the School Committee has established the following Fee Schedule User Categories. Consistent with the Superintendent/Principal's general responsibility to execute School District policy, the Superintendent/Principal has exclusive and final authority to determine the appropriate User Category for any particular use. ***(Check the following category that pertains to your organization)***

_____ **Category I** - School Related Groups

_____**Category II** - Community Service Organizations / Not for Profit Organizations

_____**Category III** - Events whose main purpose is business related, personal, or commercial

I, as official representative of the organization named above, have read the Policy governing the use of school facilities and grounds, and am empowered to guarantee that this organization will comply with it in full. I understand further that should the Policy not be adhered to, permission to further use the school grounds or facilities may be denied. I also understand that should the fields or grounds not be left in the condition in which they were found, a fee will be assessed and due in full prior to any subsequent approvals. The School Committee reserves the right to deny or rescind approval of a school facility use based on good cause. I have received and read a copy of the LEICESTER PUBLIC SCHOOLS -COMMUNITY USE OF SCHOOL FACILITIES and understand the guidelines of this rental. :

Signed: _____Title:_____

I _____have completed CORI checks on all our volunteers and or workers prior to the application for the use of the facilities.

I _____have provided the school department with a Certificate of Insurance.

I _____will provide certified instructors when use of the fitness room is scheduled.

i _____confirm that I or a designee (Name _____) will be the CPR/AED trained representative for the use of the facilities.

*****THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED AT LEAST (14) DAYS PRIOR TO ANY EVENT.***

FOR OFFICAL USE ONLY

Athletic Director: _____ Total cost for this use of facilities is: $_____

Superintendent's Signature: _____ Mail to: Leicester Public Schools

Principal's Signature: _____ 3 Washburn Square, Leicester, MA 01524