

DATE SUBMITTED _____ (MUST BE SUBMITTED NO LATER THAN 7 DAYS PRIOR TO EVENT)

1. NAME OF ORGANIZATION: **Oxford Hills Athletic Boosters**

2. PURPOSE OF ORGANIZATION **Oxford Hills youth sports programs**

3. DESCRIPTION OF PROPOSED ACTIVITIES _____

4. DATE(S) AND TIME(S) REQUESTED _____

(Please include the time necessary for preparation and clean-up.)

5. FACILITIES (ROOMS, FIELDS, ETC.) REQUESTED _____

6. MAY ALL RESIDENTS OF M.S.A.D. #17 ATTEND? _____ IF NOT, WHO MAY ATTEND? _____

7. WHAT WILL BE THE PRICE OF ADMISSION, IF ANY? _____

8. ARE FUNDS BEING RAISED? _____ IF SO, FOR WHAT PURPOSE? _____

9. WILL THERE BE ANY SALES OR SOLICITATIONS IN THE COMMUNITY? _____ IF SO, WHO WILL
BE DOING THE SELLING/SOLICITING? _____ WHAT WILL BE
SOLD OR SOLICITED? _____

10. INDIVIDUAL WHO WILL BE PERSONALLY RESPONSIBLE FOR OBSERVANCE OF REGULATIONS AND
PAYMENT OF FEES

NAME _____ TELEPHONE NUMBER _____

ADDRESS _____

SIGNATURE _____ DATE _____

(Signature of Individual Responsible)

APPROVED BY _____ DATE _____

(Principal or Assistant Principal)

APPROVAL FOR USE OF FOOD SERVICE KITCHEN

APPROVED BY _____ DATE _____

(Food Service Director)

APPROVAL FOR USE OF GYMNASIUMS AND PLAYING FIELD AREAS

APPROVED BY _____ DATE _____

(Athletic Director)

PLEASE COMPLETE REVERSE FOR EQUIPMENT REQUESTED AND INSURANCE STATEMENT

OXFORD HILLS SCHOOL DISTRICT

RE: Application Forms for Use of Oxford Hills School District Facilities

Please fill in, sign and return this application for Use of School Premises to the Principal in charge of the facilities to be used. When the application is approved and signed, a copy will be returned to you.

NAME OF GROUP: **Oxford Hills Athletic Boosters** Date _____

SCHOOL FACILITY REQUESTED _____

CHECK OFF THE FOLLOWING, if required

OVERTIME CUSTODIAN _____

SCREEN _____ PROJECTOR _____
(Specify type)

LOUDSPEAKER _____

TABLES # _____ OTHER _____

CHAIRS # _____ _____

___ STAGE LIGHTING (High School Only - Requires Approved Lighting Technician)

Insurance Information (required of non-school organizations):

Non-school organizations using school facilities are required to maintain and demonstrate evidence of an in-force public liability policy.

Do you (the requesting organization) have an in-force public liability policy? Yes No

If yes, what are the limits of liability? Participants **\$1,000,000** Property Damage **\$100,000**

I agree, on behalf of the above indicated organization, that all members and guests will observe the regulations included in KF-R1, and that we, individually and as an organization, will assume full financial responsibility for any and all damage done to Oxford Hills School District property during the above indicated period of use. We also agree that our organization will at all times hereafter indemnify the District against any loss, damage, or expense of any kind, which said District may sustain or incur because of use of the above described facilities by our organization, and we will further hold said District harmless for any loss of any kind in connection therewith.

Signature: _____ Date: _____ **Attach Proof of Insurance**

To Be Completed by School Office Personnel

Area(s) to be used: _____ Category: _____

Number of hours/day(s): _____ Rental Rate: _____

To Be Completed by Billing Department:

Additional Fees (custodial, cafeteria/kitchen supervision, etc.) _____

Total Fees Charged: _____