

~For Office Use Only~

Rec'd _____
Time _____
By _____

FACILITIES AGREEMENT FORM

EPPING HIGH SCHOOL—21 ACADEMY ST—EPPING NH 03042
(603)679.5472 X210 (OFFICE) OR (603)679.2966 (FAX)

____ Facilities Supervisor
____ Athletic Director
____ Librarian
____ Food Svcs Director
____ Other / _____
____ Other / _____

Organization: _____

Contact Person: _____ Telephone: _____

Address: (street) _____ (city) _____ (state) _____ (zip) _____

Area(s) Requested: _____ M/S Gym _____ H/S Gym
(Check all that apply) _____ Stage (M/S Gym) _____ Media Center
_____ Café _____ Classroom(s) - Please list: _____
_____ Kitchen (Café) _____
_____ Other—Please list: _____

Type of Activity: _____ Estimated Attendance: _____

Dates: _____/_____/_____ to/and (circle) _____/_____/_____

Day(s) of the week: Su Mo Tu Wed Th Fr Sa (circle all that apply)

Set Up Time?: From _____:_____ am/pm (circle) To _____:_____ am/pm (circle)

Time of Event: From _____:_____ am/pm (circle) To _____:_____ am/pm (circle)

Clean Up Time?: From _____:_____ am/pm (circle) To _____:_____ am/pm (circle)

INTERNAL REQUESTS ONLY~ Be sure to complete an Activity/Event Application Form.

Have you submitted an activity/event form? Yes / No. If yes, has it been approved? Yes / No / Pending Approval

REGULATIONS

- 1) Renters are required to make all payments payable to **Epping School District**. Payment must be received one week prior to date of event. Mail payment to **Epping High School, Attention: Lisa Esposito, 21 Academy Street, Epping, NH 03042**
- 2) Kitchen equipment may be used only under the supervision of the kitchen staff. Other school equipment may only be used with permission. All broken and missing equipment must be replaced at renter's expense.
- 3) Police and Fire protection may be required by the Epping School District at the expense of the renter. The renter must agree to and sign the above liability release.
- 4) Custodial charges are \$25.00 per hour, per custodian with a three (3) hour minimum per day.
- 5) External requests **require** an insurance certificate naming **Epping School District** as additional insured. Insurance certificate must be received one week prior to date of event. Mail insurance certificate to the following:
Epping High School, Attention: Lisa Esposito, 21 Academy Street, Epping, NH 03042
- 6) If renter wishes to cancel request or is no longer using facility/field as requested, please submit notice of cancellation in writing to **Epping High School, Attention: Lisa Esposito, 21 Academy Street, Epping, NH 03042**

AGREEMENT AND LIABILITY RELEASE

(Name of Organization or Representative's Name) _____ agrees to follow the regulations listed above and will not hold Epping Middle/High School or the Epping School District liable for any damage or injury that may occur during the use of the facilities. I am also aware that notifying the school in the event of a cancellation is my responsibility. **⚡ EHS RESERVES THE RIGHT TO CHANGE REQUEST IN ACCORDANCE WITH SCHOOL EVENTS ⚡**

Signature of Organization Representative

_____/_____/_____
Date

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Facilities Supervisor Notified: Yes _____ No _____

Custodian coverage needed: Yes _____ No _____

Custodial Charges: \$ _____ (according to contract)

Facility Fee: \$ _____ (per Board Policy)

Admin coverage needed: Yes _____ No _____

Insurance Certificate Required: Yes _____ No _____

> If yes, name Epping School District as additional insured.

Must provide one week prior to date of event.

Submit to **Epping High School, Attention: Lisa Esposito,
21 Academy Street, Epping, NH 03042**

Kitchen: Approves _____ or Denies _____, Signature _____

Library: Approves _____ or Denies _____, Signature _____

Athletic Director: Approves _____ or Denies _____, Signature _____

EHS: Approves _____ or Denies _____ _____ / _____ / _____

Signature of EHS Facilitator

Date

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