

## South Burlington School District Request For Facility Use Form

**Please complete one form per school per event.**

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Event Title						Estimated # of attendees	
School Requested	SBHS	FHTMS	Central	Chamberlin	Orchard	Athletic Fields	

Rooms/Field: \_\_\_\_\_

Date(s) \_\_\_\_\_

Timeframe (am/pm) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

If reoccurring, please list day(s) of the week with start/end dates:

Day(s) of the Week		Start Date		End Date	
--------------------	--	------------	--	----------	--

Do you require special set up needs? Yes / No If yes, please specify: \_\_\_\_\_

Do you require Audio/Visual Tech Support and/or AV equipment? Yes / No If yes, please contact the A/V Support Specialist at 652-7025.

Please select your organizations category:

Non-profit Organization\*\*

For Profit Organization

\*\*If you select a non-profit group, you will need to submit the non-profit certificate issued to your organization.

**A Certificate of Insurance or Tulip Insurance, listing the specific school as the policy holder, is required before a final approval can be made on your request.**

**Cancellation Policy: You must cancel 24 hours in advance to avoid charges.**

If permission for use is granted, I have read and agree to comply with the Agreement of Charges, the General Rules and Regulations as defined on this application, and the Facility Event Safety Information sheet which includes facility use guidelines for COVID-19/Delta Variant.

I will ensure that the utmost care is taken when using the District's buildings and equipment, and understand that charges will be assessed for damages, as well as make full payment for any damages arising from our use of the facilities.

**This request will not be reserved, or given final approval, until all forms have been submitted and quotes have been agreed on by all parties.**

Requestor Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Estimated Quote – Facility Scheduling Office Use Only

Room(s): \$ \_\_\_\_\_

Services: \$ \_\_\_\_\_ District Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \$ \_\_\_\_\_  
 (see attached for breakdown)