

BURRILLVILLE SCHOOL DEPARTMENT
2300 BRONCO HIGHWAY, HARRISVILLE, RI 02830
(401) 568-1301
FAX #: 568-1337

MUST BE SUBMITTED THIRTY (30)
DAYS IN ADVANCE OF EVENT

BUILDING USE FORM

NAME OF ORGANIZATION _____
CONTACT NAME: _____ PHONE #: _____
TYPE OF ACTIVITY: _____

DATE(S) OF FUNCTION: _____ TIME: From: _____ AM / PM To: _____ AM/PM (Include set-up time)

NUMBER OF ATTENDEES: _____ ADULTS: _____ CHILDREN: _____

SPECIAL ARRANGEMENTS: _____

~Special arrangements must be made in advance for use of the High School Auditorium lighting and sound systems~

NAME & BILLING ADDRESS OF
AUTHORIZED AGENT: _____

NAME OF SCHOOL & AREA REQUESTED

ADMISSION TO BE CHARGED? _____

REFRESHMENTS SERVED? Yes No

EMAIL ADDRESS: _____

PHONE #: _____

MUST HAVE LIABILITY INSURANCE
CERTIFICATE NAMING BURRILLVILLE SCHOOL
DEPT AS ADDITIONAL INSURED PER BUILDING
USE POLICY.

SCHOOL ACTIVITY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
POLICE SUPERVISION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KITCHEN USE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FIRE SUPERVISION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

It is understood that the BURRILLVILLE SCHOOL DEPARTMENT will not be liable for any injury to group members or guests while on school property. The using organization will assume full financial responsibility for all damages to school property during the event. The above-named organization has received a copy of the Facility Use Policy and agrees to abide by the terms of this contract and observe all Policies & Procedures approved by the BURRILLVILLE SCHOOL COMMITTEE governing the use of school property.

Signature of Authorized Agent of Organization

Title

Date

APPROVED YES NO

PRINCIPAL SIGNATURE: _____

COMMENTS: _____

APPROVED YES NO

ATHLETIC DIRECTOR: _____

COMMENTS: _____

APPROVED YES NO

FOOD SERVICE DIR SIGNATURE: _____

COMMENTS: _____

APPROVED YES NO

FACILITY MGR SIGNATURE: _____

COMMENTS: _____

ONLY OFFICE USE FEE SCHEDULE: BUILDING FEE: \$ _____ ADDITIONAL FEES: _____
(see Policy) CUSTODIAN FEE: \$ _____ (If any, explain, _____)