

**COMMUNITY USE OF SCHOOL FACILITIES**

When not in use for school purposes, school buildings and grounds or portions thereof may be used for adult education, discussion, religious, civic, social, recreation, entertainment purposes, and such other purposes that promote the welfare of the community, including use as registration and polling places for voters.

No person, group, or organization has any vested right to use school property, but the right to use the property for any lawful purpose is subject to approval by the School Board.

The administration will establish regulations and/or fees pertaining to such use, as is appropriate.

Adopted by Conway School Board – October 1, 1984

Revision Adopted – March 13, 2000

Reviewed with no change – October 30, 2003

Revision Adopted – April 25, 2005

Reviewed by Board with change to procedures – August 27, 2007

Revision Adopted – September 12, 2011

**SCHOOL DISTRICT OF CONWAY  
REQUEST FOR USE OF ELEMENTARY SCHOOL FACILITIES**

**Conway Elementary, 160 Main Street, Conway, NH 03818                      603-447-3369**  
**John Fuller Elementary, 51 Pine Street, North Conway, NH 03860            603-356-5381**  
**Pine Tree Elementary, 183 Mill Street, Center Conway, NH 03813            603-447-2882**

NO. \_\_\_\_\_  
(Sequential)

Name of Organization: \_\_\_\_\_

Date(s) of Activity

Day	Date (i.e., 10/20/11)	Start Time of Event	End Time of Event	Time Building to be Opened*	Time Building to be Closed*
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

*\*Be sure to include set-up and clean-up time requiring custodial coverage.*

Type of Activity \_\_\_\_\_

Is This Activity School Sponsored? \_\_\_\_\_

Will Admission Be Charged? Yes \_\_\_ No \_\_\_ Admission Fees: \_\_\_\_\_

*~~ Please note any required special arrangements such as chairs, tables, phones, microwave, etc.~~*

<input type="checkbox"/> Conway Elementary	<input type="checkbox"/> John Fuller Elementary	<input type="checkbox"/> Pine Tree Elementary
<i>Charge for Elementary Schools:</i>	<i>Half Day (+ Evening)</i>	<i>Full Day</i>
___ Gym	\$70	\$100
___ Cafeteria	\$40	\$50
___ Classroom(s)	\$20 (each)	\$40
___ Field	\$70	\$100

**I hereby understand that I am responsible and liable for any damages that may occur to either the building or grounds from above activity. Any damage I notice prior to my/our use will be reported to the office. Restitution will be made to ensure continuance of use of the facility. As requested by the SAU #9 Office I have enclosed an appropriate certificate of insurance which also names the Conway School District as an additional insured.**

I am solely responsible for and hold the District harmless from, any accident or injury that may occur relating to attendance at this event. This includes any travel to and from the event.

**I have read, understood and accept all of the above conditions:**

Person(s) Responsible for Activity: \_\_\_\_\_  
(Signed) ( PLEASE PRINT)

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Fees for Use of School Facilities

**No usage fee required for the following (custodial fee to be charged if not normally on duty):**

Municipal agencies and non-sectarian, non-profit groups primarily, boards and commissions of the Town of Conway, school sponsored activities, parent-teacher associations, Boy Scouts and Girl Scouts of America, Little League, Babe Ruth League, etc.

**Rental charge and payment of custodial fees required:**

Any group or individual organized and operating for any private gain.

School, Building and Room(s) or Field Desired (**please** ✓ **choice**):

***ESTIMATE:***

Charge for Use of Room(s)	_____
Food Service Staff (use \$25.00 per hour)	_____
Custodian (s) (use \$25.00 per hour)	_____
<b>TOTAL (estimated) CHARGES</b>	_____

**Initial Deposit of 50% Attached** \_\_\_\_\_

**Estimated Balance Due** \_\_\_\_\_ (*To be invoiced after event*) **Based on actual cost.**

**\*+50% Surcharge for July, August and September.**

**\*\*\*Depending on time of year and cost, there may be a fuel surcharge added to non-profit as well as for profit charges.**

**Office Staff:** Complete this section as soon as activity has been completed and then forward a copy of entire form to the SAU #9 Office.

Custodian(s) on Duty \_\_\_\_\_ Food Service Staff on Duty \_\_\_\_\_

Date(s) \_\_\_\_\_ Total Number of Hours Worked \_\_\_\_\_ (name)  
\_\_\_\_\_

***NOT TO BE APPROVED WITHOUT DEPOSIT ATTACHED***

Approved By \_\_\_\_\_ (*Principal's Signature*) Date \_\_\_\_\_  
*Print Name Please* \_\_\_\_\_

**SCHOOL DISTRICT OF CONWAY  
REQUEST FOR USE OF SCHOOL FACILITIES  
KENNETT MIDDLE SCHOOL, 176 Main Street, Conway, NH 03818  
Telephone: 603-447-6364 – Fax: 603-447-6842**

NO. \_\_\_\_\_  
(Sequential)

Name of Organization \_\_\_\_\_

Date(s) of Activity

Day	Date (i.e., 10/20/11)	Start Time of Event	End Time of Event	Time Building to be Opened*	Time Building to be Closed*
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

*\*Be sure to include set-up and clean-up time requiring custodial coverage.*

Type of Activity \_\_\_\_\_

Is This Activity School Sponsored? \_\_\_\_\_

Will Admission Be Charged? Yes\_\_\_ No\_\_\_ Admission Fees: \_\_\_\_\_

*~~Please note any required special arrangements such as chairs, tables, phones, microwave, etc.~~*

\_\_\_\_\_

**I hereby understand that I am responsible and liable for any damages that may occur to either the building or grounds from above activity. Any damage I notice prior to my/our use will be reported to the office. Restitution will be made to ensure continuance of use of the facility. As requested by the SAU #9 Office I have enclosed an appropriate certificate of insurance which also names the Conway School District as an additional insured.**

I am solely responsible for and hold the District harmless from, any accident or injury that may occur relating to attendance at this event. This includes any travel to and from the event.

**I have read, understood and accept all of the above conditions:**

Person(s) Responsible for Activity: \_\_\_\_\_  
(Signed) ( PLEASE PRINT)

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Fees for Use of School Facilities

**No usage fee required for the following (custodial fee to be charged if not normally on duty):**

Municipal agencies and non-sectarian, non-profit groups primarily, boards and commissions of the Town of Conway, school sponsored activities, parent-teacher associations, Boy Scouts and Girl Scouts of America, Little League, Babe Ruth League, etc.

**Rental charge and payment of custodial fees required:**

Any group or individual organized and operating for any private gain.

Building and Room(s) or Field(s) Desired (please  choice):

KENNETT MIDDLE SCHOOL	Half Day (+ Evening)	Full Day
___ Gym (Capacity 1160)	\$110	\$170
___ Cafeteria (Capacity 178)	\$40	\$60
___ Library (Capacity 168)	\$40	\$60
___ Auditorium (Capacity 120)	\$20	\$30
___ Classroom (Capacity 20-30)	\$20	\$20
___ Fields: Across Tracks	\$70	\$100
___ Fields: Behind Gym	\$70	\$100

**ESTIMATE:**

Charge for Use of Room(s) \_\_\_\_\_  
 Food Service Staff (use \$25.00 per hour) \_\_\_\_\_  
 Custodian (s) (use \$25.00 per hour) \_\_\_\_\_  
**TOTAL (estimated) CHARGES** \_\_\_\_\_

*Checks should be made payable to: Conway School District*

**Initial Deposit of 50% Attached** \_\_\_\_\_

**Estimated Balance Due** \_\_\_\_\_ *(To be invoiced after event) Based on actual cost.*

**\*+50% Surcharge for July, August and September.**

**\*\*\*Depending on time of year and cost, there may be a fuel surcharge added to non-profit as well as for profit charges.**

**KMS Office Staff:** Complete this section as soon as activity has been completed and then forward a copy of entire form to the SAU #9 Office.

Custodian(s) on Duty \_\_\_\_\_ Food Service Staff on Duty \_\_\_\_\_

Date(s) \_\_\_\_\_ Total Number of Hours Worked \_\_\_\_\_ (name) \_\_\_\_\_

**NOT TO BE APPROVED WITHOUT DEPOSIT ATTACHED**

Approved By \_\_\_\_\_ (Principal's Signature) Date \_\_\_\_\_  
 Print Name Please \_\_\_\_\_

**SCHOOL DISTRICT OF CONWAY  
 REQUEST FOR USE OF SCHOOL FACILITIES  
 KENNETT HIGH SCHOOL, 409 Eagles Way, North Conway, NH 03860  
 Telephone: 603-356-4343 – Fax: 603-356-4391  
 Starr Hill, Administrative Assistant to the Principal  
 starr@sau9.org**

NO. \_\_\_\_\_  
 (Sequential)

Name of Organization \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_

Day	Date (i.e., 10/20/07)	Start Time of Event	End Time of Event	Time Building to be Opened*	Time Building to be Closed*
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

*\*Be sure to include set-up and clean-up time requiring custodial coverage.*

Type of Activity \_\_\_\_\_

Is This Activity School Sponsored? \_\_\_\_\_

Will Admission Be Charged? Yes\_\_\_ No\_\_\_ Admission Fees: \_\_\_\_\_

*~~ Please note any required special arrangements such as chairs, tables, phones, microwave, etc.~~*

**I hereby understand that I am responsible and liable for any damages that may occur to either the building or grounds from above activity. Any damage I notice prior to my/our use will be reported to the office. Restitution will be made to ensure continuance of use of the facility. As requested by the SAU #9 Office I have enclosed an appropriate certificate of insurance which also names the Conway School District as an additional insured.**

I am solely responsible for and hold the District harmless from, any accident or injury that may occur relating to attendance at this event. This includes any travel to and from the event.

**I have read, understood and accept all of the above conditions:**

Person(s) Responsible for Activity: \_\_\_\_\_  
(Signed) ( PLEASE PRINT)

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Fees for Use of School Facilities

**No usage fee required for the following (custodial fee to be charged if not normally on duty):**

Municipal agencies and non-sectarian, non-profit groups primarily, boards and commissions of the Town of Conway, school sponsored activities, parent-teacher associations, Boy Scouts and Girl Scouts of America, Little League, Babe Ruth League, etc.

**Rental charge and payment of custodial fees required:**

Any group or individual organized and operating for any private gain.

Building and Room(s) or Field(s) Desired (please  choice):

KENNETT HIGH SCHOOL	Half Day (+ Evening)	Full Day
___ Gym	\$270	\$400
___ Cafeteria	\$120	\$190
___ Library	\$100	\$150
___ Auditorium *	\$150	\$220
___ Classroom (s) _____	\$30	\$40
___ Field (s)		
#1 _____	\$70	\$100
#2 _____	\$70	\$100
#3 _____	\$70	\$100
#4 _____	\$70	\$100
___ Tennis Courts	\$70	\$100
___ Track	\$70	\$100
Millen Stadium Concession Stand	By Separate Agreement	By Separate Agreement

**ESTIMATE:**

Charge for Use of Room(s) \_\_\_\_\_  
 Food Service Staff (use \$25.00 per hour) \_\_\_\_\_  
 Sound/Lighting Staff (use \$25.00 per hour) \_\_\_\_\_  
 Custodian (s) (use \$25.00 per hour) \_\_\_\_\_  
 TOTAL (estimated) CHARGES \_\_\_\_\_

KHS Office Use: SchoolDude # \_\_\_\_\_.

**Initial Deposit of 50% Attached** \_\_\_\_\_

**Estimated Balance Due** \_\_\_\_\_ (To be invoiced after event) Based on actual cost.

**\*+50% Surcharge for July, August and September.**

**\*\*\*Depending on time of year and cost, there may be a fuel surcharge added to non-profit as well as for profit charges.**

**KHS Office Staff:** Complete this section as soon as activity has been completed and then forward a copy of entire form to the SAU #9 Office.

Custodian(s) on Duty \_\_\_\_\_ Food Service Staff on Duty \_\_\_\_\_

Date(s) \_\_\_\_\_ Total Number of Hours Worked \_\_\_\_\_ (name) \_\_\_\_\_

**NOT TO BE APPROVED WITHOUT DEPOSIT ATTACHED**

Approved By \_\_\_\_\_ (Principal's Signature) Date \_\_\_\_\_  
 Print Name Please \_\_\_\_\_