

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 Building Principal.

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

Revision Adopted – March 11, 2013

Reviewed with no change – June 16, 2014

Revisions Adopted – May 9, 2022

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

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

Name of Organization: _____
Type of activity: _____
School Sponsored? _____ **Will admission be charged?** Yes ___ No ___ **Admission Fees:** _____

Date(s) of Activity requesting:
Availability is dependent on several factors such as: Availability of space (school functions come first), availability of custodian and A/V Techs

Day of week	Date (i.e., 10/20/17)	Start time of event	End time of event	Time building to be opened – include set-up	Time building to be closed – include clean-up NO LATER THAN 10:30PM
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please tell us about what you will require for your event:

<p><u>Custodial Requests for Set Up:</u></p> <p>Tables: = # _____</p> <p>Chairs: # _____</p> <p>Podium (circle one): Yes No</p>	<p><u>A/V Tech Needs for Your Event:</u></p> <p>Microphone (circle one): Yes No</p> <p>Projection:</p> <p>Power Point shown from: ___ Laptop (provided by you), ___ Thumb Drive</p> <p> ___ Disc ___ Other source, describe: _____</p> <p>Other - Describe: _____</p>
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Certificate of Insurance:
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:

Signature: _____ **Please Print:** _____

Mailing Address: _____

Phone: _____ **Email Address:** _____

I certify that I am an authorized representative of

_____ **(group, league, organization, business, etc.) using Conway School District's facilities and/or premises. By my signature below, I agree that during its use of Conway School District's facilities and/or premises**

_____ **(group, league, organization, business, etc.) will provide the appropriate level of risk mitigation including, but not limited to, adherence to guidelines as outlined in Governor Sununu's Safer At Home and other emergency orders, the CDC, and the New Hampshire Department of Health and Human Services concerning these activities.**

Signature of Authorizing Agent

Date

Fees for Use of Elementary School Facilities

Usage fee may be waived at the discretion of the Building Principal.

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 Desired (please √ choice):

_____ Conway Elementary	_____ John Fuller Elementary	_____ 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	\$15	\$30

ESTIMATE:

Charge for Use of Room(s) _____
 Custodian(s) (use \$30.00 per hour) _____
 Sound/Lighting Tech (**\$30.00 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.**

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 _____

Date(s) _____ Total Number of Hours Worked _____

NOT TO BE APPROVED WITHOUT DEPOSIT & CERTIFICATE OF INSURANCE 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

PHONE: 603-447-6364
FAX: 603-356-4391

Name of Organization: _____

Type of activity: _____

School Sponsored? _____ **Will admission be charged?** Yes ___ No ___ **Admission Fees:** _____

Date(s) of Activity requesting:

Availability is dependent on several factors such as: Availability of space (school functions come first), availability of custodian and A/V Techs

Day of week	Date (i.e., 10/20/17)	Start time of event	End time of event	Time building to be opened – include set-up	Time building to be closed – include clean-up NO LATER THAN 10:30PM
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Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please tell us about what you will require for your event:

<p><u>Custodial Requests for Set Up:</u></p> <p>Tables: Round (only avail. in Cafe) = # _____ Rectangle = # _____</p> <p>Chairs: # _____</p> <p>Podium (circle one): Yes No</p>	<p><u>A/V Tech Needs for Your Event:</u></p> <p>Microphone (circle one): Yes No</p> <p>Projection: Power Point shown from: ___ Laptop (provided by you), ___ Thumb Drive ___ Disc ___ Other source, describe: _____</p> <p>Other - Describe: _____</p>
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Certificate of Insurance:

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:

Signature: _____ **Please Print:** _____

Mailing Address: _____

Phone: _____ **Email Address:** _____

I certify that I am an authorized representative of _____ (group, league, organization, business, etc.) using Conway School District's facilities and/or premises. By my signature below, I agree that during its use of Conway School District's facilities and/or premises _____ (group, league, organization, business, etc.) will provide the appropriate level of risk mitigation including, but not limited to, adherence to guidelines as outlined in Governor Sununu's Safer At Home and other emergency orders, the CDC, and the New Hampshire Department of Health and Human Services concerning these activities.

Signature of Authorizing Agent

Date

Fees for Use of Middle School Facilities

Usage fee may be waived at the discretion of the Building Principal.

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	\$40	\$70
___ Fields: Behind Gym	\$40	\$70

ESTIMATE:

Charge for Use of Room(s) _____
 Custodian (s) (use **\$30.00 per hour**) _____
 Sound/Lighting Tech (**\$30.00 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 _____

Date(s) _____ Total Number of Hours Worked _____

NOT TO BE APPROVED WITHOUT DEPOSIT & CERTIFICATE OF INSURANCE 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
4391
North Conway, NH 03860

PHONE: 603-356-4343
FAX: 603-356-

Name of Organization: _____

Type of activity: _____

School Sponsored? _____ **Will admission be charged?** Yes ___ No ___ **Admission Fees** _____

Date(s) of Activity requesting:

Availability is dependent on several factors such as: Availability of space (school functions come first), availability of custodian and A/V Techs

Day of week	Date (i.e., 10/20/17)	Start time of event	End time of event	Time building to be opened – include set-up	Time building to be closed – include clean-up NO LATER THAN 10:30PM
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Please tell us about what you will require for your event:

<p><u>Custodial Requests for Set Up:</u></p> <p>Tables: Round (<i>only avail. in Cafe</i>) = # _____ Rectangle = # _____</p> <p>Chairs: # _____</p> <p>Podium (circle one): Yes No</p>	<p><u>A/V Tech Needs for Your Event:</u></p> <p>Microphone (circle one): Yes No</p> <p>Projection: Power Point shown from: ___ Laptop (provided by you), ___ Thumb Drive ___ Disc ___ Other source, describe: _____</p> <p>Other - Describe: _____</p>
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Certificate of Insurance:

*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: _____

Signature: _____ **Please Print:** _____

Mailing Address: _____

Phone: _____ **Email Address:** _____

I certify that I am an authorized representative of _____ group, league, organization, business, etc.) using Conway School District's facilities and/or premises. By my signature below, I agree that during its use of Conway School District's facilities and/or premises _____ (group, league, organization, business, etc.) will provide the appropriate level of risk mitigation including, but not limited to, adherence to guidelines as outlined in Governor Sununu's Safer At Home and other emergency orders, the CDC, and the New Hampshire Department of Health and Human Services concerning these activities.

Signature of Authorizing Agent

Date

Fees for Use of High School Facilities

Usage fee may be waived at the discretion of the Building Principal.

Rental charge and payment of custodial fees required: Any group or individual organized and operating or any private gain.

Building and Room(s) or Field(s) Desired – Please ✓ your choice:

Kennett High School	Half Day (+ Evening)	Full Day
___ Gym (max. cap. 1000 bleachers/ 200 floor)	\$270	\$400
___ Cafeteria (max. cap. 300)	\$120	\$190
___ Library (max. cap. 100)	\$100	\$150
___ Auditorium (max. cap. 496 + 4 handicap access. seats)	\$200	\$300
___ Classroom(s) # needed: _____ (max. cap. 25)	\$30	\$40
___ Field(s)		
#1 ___	\$80	\$140
#2 ___	\$80	\$140
#3 ___	\$80	\$140
#4 ___	\$80	\$140
___ Tennis Courts	\$80	\$140
___ Track	\$80	\$140
Millen Stadium Concession Stand	By Separate Agreement	By Separate Agreement

Estimate of Charges:

Charges for Custodian and Techs begin at the start time for set-up to end of clean-up which is to be finished by 10:30pm.

- **Charge for Use of Room(s):** \$ _____
- **Sound / Lighting Tech (\$30 per hour/2 hr minimum charge)** \$ _____
- **Custodian(s) (\$30 per hour/2 hr minimum charge)** \$ _____

Total ESTIMATED Charges \$ _____
50% Deposit Attached \$ _____ **Check #** _____

You will be invoiced after your event based on the ACTUAL costs.

Before turning in this form please be sure you have provided the following items. Failure to do so will delay the processing of your request until all items have been submitted.

- ___ Completed Facilities Use Form
- ___ 50% Deposit - this includes **ESTIMATED** cost of rental, custodian & A/V tech
- ___ Certificate of Insurance (currently up to date)

**** Approval of forms can take approximately two weeks**

KHS Office:

NOT TO BE APPROVED WITHOUT DEPOSIT & CERTIFICATE OF INSURANCE ATTACHED

Approved by: _____ (Principal's Signature) Date: _____