



HEBRON PUBLIC SCHOOLS

HIGH EXPECTATIONS, BRIGHT FUTURES

Administration office

580 Gilead Street, Hebron, CT 06248 ▪ Tel: (860) 228-2577 ▪ Fax: (860) 228-2235 ▪ www.hebron.k12.ct.us

Thomas J. Baird, Ed.D
Superintendent of Schools

Kaitlyn D. Shelar
Business Manager

Donald E. Briere, Ph.D
Director of Educational Services

Request for Use of School Facilities

Please submit this form **at least two weeks** before the requested use date to the individual listed below.
Applications will be reviewed and approved by the building administrator.

Please select building:

_____ Gilead Hill School
580 Gilead Street, Hebron, CT 06248
Attn: Nancy Simmons, Administrative Assistant
(860) 228-9458 nsimmons@hebron.k12.ct.us

_____ Hebron Elementary School
92 Church Street, Hebron, CT 06248
Attn: Marci Pompea, Administrative Assistant
(860) 228-9465 mpompea@hebron.k12.ct.us

Requester Information:

Name of Organization: _____
Address: _____
Name of Individual Completing Form: _____ Phone: _____
Email: _____ Date of Application: _____

Organization Type:

- School-related organizations (e.g., PTO, Booster Clubs, etc.) (no fee)
- Town department or agency activities. (associated costs may apply)
- Non-profit organizations operating within the Town (associated costs may apply)
- For-profit organizations operating within the Town. (fees apply)
- Out-of-town organizations. (fees apply)

Event Information:

On Site Supervisor: _____ Cell Phone: _____
Date of Rental: _____ Start Time: _____ End Time*: _____

*You will be charged for a three hour minimum and all time reserved regardless of a late start/early finish.

Total number of people expected: _____

If parental supervision is NOT required:

Number of participants under 18: _____ Number of Chaperones (minimum 1 per 10 children): _____

Description of Event:

- Refreshments will be served (cafeteria only)



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Locations, Fees & Security Deposit:

All organizations are to stay confined to their designated rented areas. Vehicles are to be parked in the designated parking spaces only. Parking on the grass or fields is prohibited. Please provide a separate check for security deposit, which will be returned after review of building conditions following the event. Security deposits will not be returned in the event a cancellation is made less than 72 hours in advance (unless due to weather). Checks shall be made payable to *Hebron Public Schools* and mailed to Central Office at 580 Gilead Street, Hebron, CT 06248.

Rental Fees

- | | | |
|--|--------------------------|-------------------------|
| <input type="checkbox"/> Library \$70 per hour (3-hour minimum) | Calculated Fee: \$ _____ | +210 security deposit |
| <input type="checkbox"/> Classroom \$20 per hour (3-hour minimum) | Calculated Fee: \$ _____ | +\$60 security deposit |
| <input type="checkbox"/> Gymnasium \$70 per hour (3-hour minimum) | Calculated Fee: \$ _____ | +\$210 security deposit |
| <input type="checkbox"/> Cafeteria \$40 per hour (3-hour minimum) | Calculated Fee: \$ _____ | +\$120 security deposit |
| <input type="checkbox"/> Kitchen \$50 per hour (3-hour minimum)* | Calculated Fee: \$ _____ | +\$150 security deposit |
| <input type="checkbox"/> Activity Room (GHS only) \$70 per hour (3-hour minimum) | Calculated Fee: \$ _____ | +\$210 security deposit |

Associated Costs (if applicable)

- | | |
|---|--------------------------|
| <input type="checkbox"/> Building Opening Fee** \$65 per hour (3-hour min.) | Calculated Fee: \$ _____ |
| <input type="checkbox"/> Stage lighting \$65 per hour | Calculated Fee: \$ _____ |

Totals

- | | | |
|---|---------------------|-------------------|
| <input type="checkbox"/> TOTAL FEE & SECURITY DEPOSIT *** | TOTAL FEE: \$ _____ | DEPOSIT: \$ _____ |
|---|---------------------|-------------------|

*A kitchen staff member must be present for kitchen rentals. **Weekends, holidays and summer evenings only, ***Additional fees will be charged for excess trash removal

Cancellations

When canceling an event, the following people must be notified:

Hebron Elementary School	Marci Pompea mpompea@hebron.k12.ct.us
Gilead Hill School	Nancy Simmons nsimmons@hebron.k12.ct.us
Facilities Director	Robert Albert ralbert@hebron.k12.ct.us

Additional Documentation (due 2 weeks prior to event, this section to be completed by office staff):

- | | | | |
|--|----------------------|---------------|----------------------|
| <input type="checkbox"/> Rental Fee | Check #: _____ | Amount: _____ | Date Received: _____ |
| <input type="checkbox"/> Security Deposit | Check #: _____ | Amount: _____ | Date Received: _____ |
| <input type="checkbox"/> Verification of non-profit status (if applicable) | Date Received: _____ | | |
| <input type="checkbox"/> Certificate of Insurance | Date Received: _____ | | |
| <input type="checkbox"/> Liability for Use of School Facilities Form | Date Received: _____ | | |
| <input type="checkbox"/> Indemnification Form | Date Received: _____ | | |

Building Use Approval **Approved** **Rejected** *Any organization whose application has been rejected may apply to the Superintendent of Schools.

Signature of Building Principal

Date

Print Name



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Liability for Use of School Facilities

Name of Organization: _____

Hebron Public Schools cannot be responsible for injury to persons or their property while the building or grounds are used by any group.

Groups will be required to furnish evidence of insurance coverage meeting the Town's requirement for Personal Injury and Property Damage Single Limit Liability (\$1,000,000). In addition, Hebron Public Schools is to be named as an Additional Insured and a Certificate of Insurance will be required to be filed with the original request.

The applicant organization must assume all legal responsibility for the function and remain the liable party. For hazardous activities, the applicant organization will be required to furnish a special policy for the event meeting the Town's requirement of Personal Injury and Property Damage Single Limit Liability (\$1,000,000) and must provide Hebron Public Schools with a Certificate of Insurance naming Hebron Public Schools as an Additional Insured.

Any activities which are specifically excluded by Hebron Public Schools insurance policies are prohibited.

The applicant organization contracting for use of the building/grounds will agree to indemnify Hebron Public Schools for any damage to the school property/grounds or equipment by any person or persons attending the activity. Any group found abusing school property or failing to comply with any requirement of the policy may be faced with immediate termination of their activity and/or denial of future use of the facilities. I have read and agree to abide by Hebron Public Schools policies and procedures as detailed in the attachments.

The applicant organization agrees to coordinate and police coverage or traffic control with the Town of Hebron and will assume any additional fees associated.

Signature of Authorized Financial Representative

Date

Print Name

Signature of On-Site Supervisor

Date

Print Name



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Indemnification and Release

This form is valid for a period of one calendar year from the date signed for each application of usage which is made.

In consideration of the permission granted to it by the Hebron Board of Education (the "Board") to use the school building, grounds, facilities, and/or equipment, the undersigned does hereby indemnify and hold harmless the Board and the Town of Hebron, their employees, agents, contractors and assigns against any and all loss or expense, including attorneys' fees, court costs, damages, liability and any other amounts for any and all bodily injuries, including death, and/or for any and all property damage sustained accidentally or otherwise sustained by any person arising out of or connected with the undersigned's use of the school building, grounds, facilities, and/or equipment.

The undersigned further waives the right to initiate and/or pursue in any manner any and all lawsuits and any other claims in any forum against the Board or the Town of Hebron, its individual Board members, officers, employees, agents, contractors and assigns for any injury or harm connected to the undersigned's use of the Board's facilities, including but not limited to claims for negligent acts or omissions and/or claims for death and/or serious bodily injury and/or claims for property damage.

The undersigned assumes responsibility for any damage to and/or theft or loss of any school district property arising out of the use of the buildings, grounds, facilities, and/or equipment.

The undersigned has read and agrees to abide by the terms of the Board policies pertaining to use of Board buildings, grounds, facilities, and/or equipment

IN WITNESS WHEREOF, I hereunto set my hand this _____ day of _____, 20__.

Signatures:
