

Farmington Public Schools
1 Monteith Drive
Farmington, CT 06032
(860) 673-8263 phone
(860) 675-7134 fax
www.fpsct.org

For Office Use Only

Date Received _____

Received By _____

APPLICATION FOR USE OF SCHOOL FACILITY

Sponsoring Organization: _____

Building: _____

Name of Group Supervisor: _____

Room(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Day of Week: _____

Telephone: Home: (____) _____

Dates: _____

Work: (____) _____

Time: _____

E-mail address: _____

Type of Activity: _____

Estimated Attendance: _____

Special Request(s): _____

1. Participants will not be allowed in the building until supervisor of the event has arrived.
2. Supervisor of the event must be last to leave facility.

I hereby certify that I am an agent of the above-named organization and have been authorized to accept in their name the responsibility for observance of the rules and regulations of the Board of Education as a condition of the issuance of this permit. I understand that the permit for the use of the school facility may be cancelled if any of the rules are violated.

Sponsor's Authorized Signature _____ Date _____

Note: If arrangements must be changed or cancelled, please contact the school office at least three hours prior to the event or the last scheduled work day prior the event.

Principal Approval _____ Date _____