

**LEDYARD PUBLIC SCHOOLS
4 BLONDERS BLVD, LEDYARD, CT 06339**

1. School Requested _____
2. Facilities Requested _____
3. Date(s) _____
4. Purpose for Facility Use _____
5. Time You Will Enter Facility _____ a.m./p.m. Time You Will Leave Facility _____ a.m./p.m.
6. Time Program Begins _____ a.m./p.m. Time Program Ends _____ a.m./p.m.
7. Organization Making Request _____ Expected Attendance _____
8. Equipment Requested/Room Set Up Required _____
9. Name and Address of Person(s) Responsible at Event _____
10. Admission or Registration Fee _____ Disbursal of Proceeds _____
11. Amount of Liability Insurance: Bodily Injury _____ Property Damage _____
(Minimum \$1,000,000 BI/PD required. Submit Certificate of Insurance to Superintendent's Office.)

Having read the Regulations and Schedule of Fees, I assume legal and financial responsibility for the above request. I also understand that the financial obligations are to be met within a 2-week period following receipt of bill. Rental fee due two weeks before event.

Signature _____ Date _____ Name _____

Printed _____ Address _____ Phone _____

Group _____ Constable Required _____

Rental Fee _____ Due _____

Utility Fee _____ Fireman Required _____

Custodial Fee _____

Other _____ Miscellaneous _____

_____ Permission for the above request NOT APPROVED

_____ Permission for the above request IS APPROVED

Signature _____ Date _____

School Principal must approve first

Signature _____ Date _____

School Business Manager

Not approved until signed by both Principal and SBM