



STRATHAM MEMORIAL SCHOOL Administrative Unit No. 16

REQUEST/PERMIT FOR USE OF SCHOOL FACILITIES

Date of Event: _____ Day: _____ Time: _____

Alternate Date: _____ Name of Event/Activity: _____

School Name: STRATAM MEMORIAL SCHOOL

Type of Facility Requested: _____
(Classroom, Gym, Cafeteria, Kitchen, Field, Parking Lot, etc.)

Specific Area or Room: _____

Sponsor Group: _____

Contact Person: _____

Address: _____ Phone (Day): _____

Town: _____ Phone (Evening): _____

Event Chairperson (if different from above): _____

Equipment required: (Be specific; no equipment will be available without prior notice)

Set-up required: _____

Estimated attendance: _____ Will admission be charged? Yes ___ No ___

I understand that I and the organization that I represent are bound by the S.M.S. Building Use Policy and Procedures for School Facility Use, and that we will comply with all aspects of those policies.

Signature: _____ Date: _____

Fees assessed (\$\$ amount): _____

Insurance certificate required? Yes ___ No ___

Security required? Yes ___ (describe – type & number) _____

No ___

* Approval: _____ Date: _____

* Approval: _____ Date: _____

* Principal and Director of Buildings and Grounds at Stratham Memorial School.

**Stratham Memorial School District
39 Gifford Farm Road
Stratham, NH 03885
(603)772-5413**

HOLD HARMLESS CLAUSE:

For and in consideration of the use of the facilities and/or equipment of the School Board of Education of Stratham Memorial School, _____

Individual/Group/Organization using facility

(indemnitor) hereby agrees to save, indemnify and HOLD HARMLESS the Stratham Memorial School Board and its agents, representatives, members, and employees from any and all liability, claims, demands, damages, attorneys fees, expenses or costs for, or arising out of: _____ on _____, caused by
(Describe use and building/facility to be used) (Date(s) of Use)

negligence of indemnitor or its agents or representatives or employees.

Date

Signature

