



Mason Elementary School
 13 Darling Hill Road
 Mason, N.H. 03048
 (603) 878-2962

Mason School District- SAU #89
 Kristen Kivela
 Superintendent/Principal

School Facilities Use Application

Name of Applicant: _____

Date: _____

(Please Print)

Address: _____

Phone: () _____ - _____

() _____ - _____

Name of Organization: _____

Non-Profit? YES NO

(Please Print)

Date of Use: _____ Set-Up Start Time: _____AM/PM

Time of Use: Start: _____ AM/PM End: _____ AM/PM

Facility Areas:	YES	NO	Activities Planned
Multipurpose Room			
Cafeteria			
Technology Room			
Arts Room			
Kitchen			
Equipment Required (Audio/Visual)			

Will the general public be admitted? YES NO

Will Police presence be required? YES NO

Estimated number of people: _____

Estimated number of vehicles: _____

General description of planned activities and use:

Applicant acknowledges receipt of Mason School District Policy "Use of School Facilities"

(Initial) YES _____ NO _____

Applicant agrees to abide by the Mason School District Policy "Use of School Facilities"

(Initial) YES _____ NO _____

Signature of Applicant: _____

Date: _____

****** To be completed by Mason School District Personnel ONLY ******

1) Application Received: Date: _____ By: _____

2) Application Approval Signatures:	Date	Approved (Circle)
Principal _____	_____	YES NO
Facilities Director _____	_____	YES NO
Food Service Director _____	_____	YES NO
Other _____	_____	YES NO

3) Fees:	Amount	Comments
General	\$ _____	_____
Custodial	\$ _____	_____
Kitchen Usage	\$ _____	_____
Other _____	\$ _____	_____
TOTAL DUE:	\$ _____	

4) Applicant Notified: Date: _____ By: _____

5) Pre-Event:	Receipt Status				
Deposit	YES	NO	Date: _____	By: _____	
Fees	YES	NO	Date: _____	By: _____	
Certification of Insurance	YES	NO	WAIVED	Date: _____	By: _____
Reviewed Facility & Procedures	YES	NO	Date: _____	With: _____	
Provided Keys	YES	NO	Date: _____	By: _____	
Other: _____					

6) Post-Event:				
Facility Inspected	YES	NO	Date: _____	By: _____
Keys Returned	YES	NO	Date: _____	By: _____
Deposit Retained	YES	NO	If Yes, Why _____	
Deposit Returned to Applicant	YES	NO	Date: _____	By: _____
Other: _____				

7) Facility Use Request Closed: Date: _____ By: _____