West Tisbury School
BUILDING USE FORM

Any WTS Staff Member, Class, or Activity Group must complete this form, for scheduling purposes

DATE SUBMITTED: ____________________

PERSON(S)/ORGANIZATION/CLUB: ____________________________________________________________

MAILING ADDRESS: ________________________ PHONE: ________________________

CONTACT PERSON: ________________________ PHONE: ________________________

ROOM/SPACE REQUESTED: ________________________ PURPOSE: ________________________

DATE(S): ________________________ TIME (Start - Finish): ________________________ EXP ATTENDANCE: ________________________

____ WT SCHOOL EVENT ______ PROFIT MAKING ORGANIZATION ______ NON-PROFIT ORGANIZATION
10% Gross Receipts to WTS $100 Usage Fee to WTS

I, the Undersigned, certify the requesting organization will indemnify and hold harmless The Up Island Regional School Committee from any liability arising from the use of the facilities, will compensate the district for any property damage and will provide a certificate of insurance, if requested.

RULES FOR USE:
- The facilities used must be put back the same way it was entered into by User.
- User must stay until last person/attendee is picked up.
- If the above rules are not followed, User will lose its privilege to use WTS facilities again.
- NO Alcohol or Tobacco allowed inside WTS or on its grounds.

By signing below, I agree to the Rules for Use above...........

USER SIGNATURE: ________________________ DATE: ________________________

REQUESTED SPACE: _____ Library _____ Conference Room _____ Classroom _____ Cafeteria _____ Gym

Additional Custodial Use _____ Yes _____ No If Yes, #Hrs _____ @ $_____/hr = _____ TOTAL

TECHNICAL NEEDS: ________________________________________________________________

Open/Close WTS Employee: ________________________ PHONE: ________________________

PRINCIPAL'S SIGNATURE: ________________________ DATE: ________________________

HEAD CUSTODIAN'S SIGNATURE : ________________________ DATE: ________________________

Approved: _____ Not Approved: _____ Date: __________ Fee Amount: __________ Fee Paid: __________

Checks must be payable to: UIRSD