

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: _____

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