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			
Unified Arts Room			
Kitchen			
Equipment Required (Audio/Visual)			

Will the general public be admitted? YES ☐ NO ☐ Will Police presence be required? YES ☐ NO ☐

Estimated number or 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: _____