

WESTPORT COMMUNITY SCHOOLS  
WESTPORT, MASSACHUSETTS

IN-HOUSE APPLICATION FOR FACULTY/STUDENT  
USE OF SCHOOL FACILITY AFTER SCHOOL HOURS

Date of Application \_\_\_\_\_

Name of School Group \_\_\_\_\_

Name of Teacher/Coach \_\_\_\_\_

Date(s) Facilities are to be Used \_\_\_\_\_ Time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Facility to be Used: Circle One: WJR/SRH WES MAC Area \_\_\_\_\_

Description of the Event Including Projected Number of People: \_\_\_\_\_

Will Kitchen be Used? ( ) YES ( ) NO Hours of Use: \_\_\_\_\_

Special Equipment Required \_\_\_\_\_

ADMISSION FEE \_\_\_\_\_

**No Alterations of school grounds/buildings shall take place unless specifically authorized.**

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Principal Approval

**PLEASE SUBMIT AT LEAST 5 DAYS PRIOR TO EVENT**

**TO BE COMPLETED BY CENTRAL OFFICE**

Projected Charges: \_\_\_\_\_ Estimated billable custodial hours: \_\_\_\_\_

Food Service Staff No.: \_\_\_\_\_ Rate: \_\_\_\_\_

Custodial Staff No.: \_\_\_\_\_ Estimated billable cafeteria hours: \_\_\_\_\_

Police Detail: \_\_\_\_\_ Rate: \_\_\_\_\_

Security Detail: \_\_\_\_\_ Building User Fee: \_\_\_\_\_

Estimated billable Police/Security Detail: \_\_\_\_\_

Total Approximate Charges: \_\_\_\_\_

School Account to be Charged: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Charges Reviewed and Agreed to By: \_\_\_\_\_

Principal

Activity Coordinator