Lincoln Public Schools 1624 Lonsdale Avenue Lincoln, RI 02865

401-721-3300 www.lincolnps.org

For Office Use Only

For Office Use Only FEE:			Account is current Yes No			
Approval						
AP	PLICATION F	OR US	E OF SCH	HOOL FIEL	D	
Contact Information (Ple	ase Print)					
Group/Individual Requesting Use:				Contact Person:		
Street Address:		City:		State:Zip Code:		
Daytime Phone:	Eveni	Evening Phone:		Fax:		
E-mail:						
Activity/Event Description	<u>on</u>					
Purpose of Event:						
Is this event sponsored by Lincoln Public Schools?						
Has this activity previously be	een held at a Lincoln	Public Schoo	ols facility?	Yes I	No	
If yes, give approx	ximate date and locat	ion of previo	us event:			
Will the public be admitted?	☐Yes ☐No					
Will a fee be charged for admission?						
Is this event a fundraising ac	tivity?	☐ No				
If yes, explain:						
Is this a commercial (for-prof	it) event? Yes	☐ No				
If yes, explain:						
Select Field & Equipmen	<u>ıt, Obtain Signatur</u>	<u>es</u>				
Date(s) Requested:			_ Times: from	a.m./p.m.	toa.m./p.m.	
Day(s) (Please Circle): Sur	nday Monday	Tuesday	Wednesday	Thursday	Friday Saturday	
Facility Requested:	Area Requested	:		Equipment ne	eded:	
Lincoln High School	Football Field			Lighting	Bleachers	
				Microphone	Chairs	
For Office Use Only: Custodial Hours:				Podium		
From:a.m./p.m. To:a.m./p.m.				P.A. System		
				Sound		
				Other		

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Obtain Fire/Police Protection

Your organization must contact your local fire district/police station directly to determine if coverage is necessary, and to schedule that coverage as required. Payment for these services is the responsibility of the individual/group requesting use of the building. Obtain signatures from these authorities to confirm you have completed this step in the process. Fire coverage required & obtained Police coverage required & obtained Police coverage not required Fire coverage not required Signature of Police Department Signature of Fire Department Date Date **Additional Documentation** If this activity is a fundraiser and/or requires a flyer to be distributed, these permissions must be obtained from the Superintendent prior to submitting this application. Copy of approval(s) must be included in this packet. **Submit Complete Application Packet** Must be submitted at least 20 days prior to activity or event. A complete packet includes: Signed Applications Payment (if applicable) by check made payable to Lincoln School Department Certificate of Insurance naming Lincoln Public Schools as an additional insured with a minimum of \$200,000 coverage for property damage, \$1,000,000 per occurrence with a \$3,000,000 annual aggregate for liability and \$10,000 for medical payments liability. Additional documentation as necessary. All additional documentation associated with this event (flyer distribution approval, fundraising permission, etc.) must be pre-approved by the Office of the Superintendent. **Requestor Signature** This permit is requested under the policies of the Lincoln School Committee and I agree to become responsible for any damage to buildings, grounds and/or equipment. Date of Application: Signature: Please note: The requestor will receive a copy of this application after it is fully approved by the Office of the Superintendent. Any changes must be submitted in writing and will affect processing time. **Mail Complete Packet to: Lincoln Public Schools Operations Department** Date Stamp Received by Superintendent's Office 1624 Lonsdale Avenue Lincoln, RI 02865