Lincoln Public Schools Application for Use of Facilities

Contact Information

Group/Individual Requesting U	Jse	Conta	ct Person	
Street Address			State	Zip
	Evening Phone			
Email Address				
Activity/Event Descripti	<u>ion</u>			
Purpose of Event				
Is this event sponsored by the Lincoln Public Schools? Yes		No	Expected Atte	ndance
Has this activity previously bee	n held at a Lincoln Public Schoo	ls facility?	Yes No	
If yes, give approximat	e date and location of previous	event		
Will the public be admitted?	Yes	No		
Will a fee be charged for admission? Yes		No	Admission cha	arge: \$
Is this event a fundraising activity Y		No		
If yes, please explain _				
Is this a commercial (for profit)		No		
If yes, please explain _				
Select Field & Equipmer	nt, Obtain Signatures			
Data(a) Dagwaatad	Time and frame		AA4/DA4 + c	A N 4 / D N 4
Date(s) Requested	Times: from		AM/PM to	AM/PM
Facility Requested	Area Requested		Equipment needed	
Lincoln High School	Football Field		Lighting	
Lincoln Middle School	Soccer Field		Microphone	
Lincoln Central Elementary	Practice Field		Podium	
Lonsdale Elementary	Auditorium (LHS & LMS only)		PA System	
Saylesville Elementary	Cafeteria (LHS & LMS only)		Sound	
Northern Lincoln Elementary	Gym (LHS & LMS only)	• •		
	Multipurpose room (Elementa	ry)	Chairs	
	Kitchen		Other	
	Classroom			
Obtain Fire/Police Prote	ection			
	t your local fire district/police st	ation dire	ectly to determine if cov	verage is necessary
	equired. Payment for these serv			
requesting use of the building.	equired. Tayment for these serv	1005 15 0110	responsibility of the in	arriadal, Broap
Police coverage requi	red and obtained	Fire co	verage required and ob	tained
Police coverage not required		Fire co	verage not required	
			_ Police Department sig	nature
			Fire Department signs	

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 with this packet.

Submit Complete Application Packet

Must be submitted at least 20 days prior to activity or event. A complete pa	acket includes:
Signed Applications	
Payment (if applicable) by check made payable to: Lincoln Public S	Schools
Certificate of Insurance naming Lincoln Public Schools as certificate minimum of \$200,000 coverage for property damage, \$1,000,000 per occur for liability and \$10,000 for medical payment liability.	
Additional documentation as necessary. All additional documenta distribution approval, fundraising permission, etc.) must be pre-approved by	
Requestor Signature	
This permit is requested under the policies of the Lincoln School committee damage to buildings, grounds and/or equipment.	and I agree to become responsible for any
Signature: Date of A	pplication:
Please note: The requestor will receive a copy of this application after it is for submitted in writing and will affect processing time. Completed application operations@lincolnps.org or mailed to:	
Lincoln Public Schools	
Operations Department	
135 Old River Road	
PO Box 367	
Lincoln RI, 02865	
	Director of Operations signature
	Building Principal signature