## **Lincoln Public Schools Application for Use of Facilities**

## **Contact Information**

Group/Individual Requesting Use			Contac	t Person		
Street Address						
Daytime Phone	Evening Pho	ne		Fax		
Email Address						
Activity/Event Descripti	<u>on</u>					
Purpose of Event						
Is this event sponsored by the		Yes	No	Expected At	tendance	
Has this activity previously bee			s facility?	Yes No		
If yes, give approximat	e date and location of p	revious e	event			
Will the public be admitted?		Yes	No			
Will a fee be charged for admission?			No	Admission o	charge: \$	
Is this event a fundraising activ	rity	Yes	No			
If yes, please explain _						
Is this a commercial (for profit)	event?	Yes	No			
If yes, please explain _						
Calcatetald Construction						
Select Field & Equipmer	it, Obtain Signatui	<u>res</u>				
Date(s) Requested	Time	s: from		AM/PM to	AM/PN	
Facility Requested	Area Requested			Equipment needed		
Lincoln High School	Football Field			Lighting		
Lincoln Middle School	Soccer Field			Microphone		
Central Elementary	Practice Field			Podium		
Lonsdale Elementary	Auditorium (LHS & LMS only)			PA System		
Saylesville Elementary	Cafeteria (LHS & LMS only)			Sound		
Northern Elementary	Gym (LHS & LMS only)			Bleachers		
	Multipurpose room (Elementary)			Chairs		
	Kitchen			Other		
	Classroom					
al. 1 = 1 /a 11 a .						
Obtain Fire/Police Prote	<u></u>					
Your local fire district/police st		-		_	• • • • • • • • • • • • • • • • • • • •	
that coverage as required. Pay	ment for these services	is the re	sponsibili <sup>.</sup>	ty of the individual/g	roup requesting use	
the building.						
Police coverage require	ed		Fire cov	verage required		
Police coverage not re	quired		Fire cov	erage not required		
				Police Department	signature	

## **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 <u>20 days</u> prior to activity or event. A c	complete packet includes:		
Signed Applications			
Payment (if applicable) by check made payable to: Linco	oln Public Schools		
Certificate of Insurance naming Lincoln Public Schools a minimum of \$200,000 coverage for property damage, \$1,000,000 for liability and \$10,000 for medical payment liability.			
Additional documentation as necessary. All additional distribution approval, fundraising permission, etc.) must be pre-a			
Requestor Signature			
This permit is requested under the policies of the Lincoln School damage to buildings, grounds and/or equipment.	committee and I agree to become responsible for any		
Signature:	Date of Application:		
Please note: The requestor will receive a copy of this application submitted in writing and will affect processing time. Completed <a href="mailto:operations@lincolnps.org">operations@lincolnps.org</a> or mailed to:	, , , , , , , , , , , , , , , , , , , ,		
Lincoln Public Schools Operations Department 135 Old River Road PO Box 367			
Lincoln RI, 02865	Director of Operations		
	Building Principal		
	Athletic Director		