

Wells Village School  
Wells, VT 05774  
Phone: (802) 645-0386

**Request For Use of Facility**

Organization \_\_\_\_\_  
Where \_\_\_\_\_  
When \_\_\_\_\_  
Purpose \_\_\_\_\_  
I request permission for food and drink \_\_\_\_\_  
Area or Room(s) \_\_\_\_\_

If use is for profit, a certificate of insurance needs to be provided.

I, the undersigned, on behalf of the group named on this form, have read the foregoing application and the building practices section of the Wells Village School Policy Manual. We agree that our group will abide by the adopted practices.

Neither I, as requester, nor any member of our group will hold the Wells Town School District, its employees or its directors liable for any accident or injury, occurring in connection with our group's use of the facility. This further includes damages, theft, or other loss of personal property brought onto school premises. We agree to take the utmost care of school property, and we agree that our group will be liable for any loss or damage to school property which occurs as a consequence of our group's use of the facilities.

The custodian or whoever is in charge may discontinue an activity or ask individuals to leave if there is a problem.

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
# of adults \_\_\_\_\_ # of students \_\_\_\_\_

Equipment requested \_\_\_\_\_

Fees \_\_\_\_\_ Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_ Reason \_\_\_\_\_

Date \_\_\_\_\_ Principal or designee signature \_\_\_\_\_

Facility use shall be granted in accordance with Wells Town School District policy.

