Revised 071415

SEYMOUR BOARD OF EDUCATION
APPLICATION FOR USE OF BUILDINGS, GROUNDS, OR EQUIPMENT

Questions 1 - 9 must be completed and the form must be signed by you. Incomplete forms will be returned.

1 Name of Organization or group requesting use:
Seymour Community Center - Recreation

2 Purpose for which facility is to be used:
Seymour Recreation Program - Food Explorers

3 Is this activity affiliated with the Seymour Recreation Department? ☑ yes ☐ no (if yes, approval is required, see #12)

4 Name of specific facility desired: ☐ High School ☑ Middle School ☐ Bungay ☐ Chatfield-LoPresti
(School)

To confirm availability; this request must go to the Principal of the school you wish to use

☐ Gym ☐ Pool* ☐ Auditorium ☑ Classroom ☐ Field ☐ Other (explain)

5 Approximate number of people expected to attend: 15

Attendance of 75 and over require notification of the police and fire departments. You will be required to submit proof that they have been contacted.

6 Will admission be charged? ☐ yes ☑ no

NOTE: If admission is charged, organization must be registered with the State Tax Department.

7 Date of Activity: From: Jan 26 To: March 16 Days of Week: Tuesdays Hours: From: 3:40 pm To: 4:40 pm

8 Is prior preparation needed? ☑ No ☐ Yes (explain) Excludes Feb 16, March 2

9 Name of person in charge of this activity: John Fracker
Name of Organization or Group: Seymour Community Center - Recreation
Address: 20 Pine Street
Seymour, CT 06483
Phone: 203-888-0406 xt. 2
email: jfracker@seymourct.org

10 Building Principal's approval: _____
(Signature/Date)

11 Principal's notes: _____

12 Seymour Recreation Dept Approval: John Fracker
(Signature/Date)

AGREEMENT

We the undersigned, agree to pay the designated rental fee plus custodial, police and fire personnel costs for use of the school facilities and to provide liability insurance a as prescribed in the policies of the Board of Education. We have received a copy of the Board's policies and agree to abide by all the rules and regulations outlined.

Signature is Required Below

Mary McNelis
Signature of Authorized Representative

Seymour Community Services
Organization's Name

Aug 2026
Date

* **If use of the pool is requested, you are required to submit documentation that a certified lifeguard will be on duty at all times. A copy of the lifeguard certification must be included**

Central Office Use Only:

☑ Approved ☐ Denied

Dr. Susan Compton
Superintendent of Schools, Seymour Public Schools

8/27/2026
Date

revised: 072915