1	Print Form
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revised, 072915

## 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. Name of Organization or group requesting use: Seymour Community Center - Recreation Purpose for which facility is to be used: Program - Tust Breathe Is this activity affiliated with the Seymour Recreation Department? no (If yes, approval is required, see #12) 7)yes Middle School Bungay Chatfield-LoPresti Name of specific facility desired: High School (School) To confirm availability; this request must go to the Principal of the school you wish to use Dither (explain) Request Room Pool\* Auditorium Classroom Field □ Sym Approximate number of people expected to attend: Zô 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. yes Will admission be charged? **√**no NOTE: If admission is charged, organization must be registered with the State Tax Department. Days of Week: Riday S From: **Date of Activity:** exclusion Day Hours: From: [ 5 23 Yes (express. Is prior preparation needed? 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 203-888-0406 xt. 2 Phone: email. fracker@seymourct.org 10 Building Principal's approval: Segnature/Detail Principal's notes: John Fracker Seymour Recreation Dept Approval: Makagragean **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 Central Office Use Only: Mary McNelis Signature of Authorized Representative Approved Denlad Seymour Community Services Organization's Name Superintendent of Schools, Seymour Public Schools 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

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

	ALL CONTROL OF COLUMN AND ADDRESS OF COLUMN		
1	Questions 1 - 9 must be completed and the form must be signed by you. Incomplete forms will be returned.  Name of Organization or group requesting use:		
	Seymour Community Center - Recreation		
2	Purpose for which facility is to be used:		
	Pokémon Club		
3	Is this activity affiliated with the Seymour Recreation Department?		
4	Name of specific facility desired: High School		
	To confirm availability; this request must go to the Principal of the school you wish to use		
	Sym Pool* Auditorium Volassroom Field Other (explain)		
5	Approximate number of people expected to attend: ZO  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  yes  NOTE: If admission is charged, organization must be registered with the State Tax Department.		
7	Date of Activity: From: 4/z   Days of Week: Monday  eyclusion day To: 6/o2 Hours: From: z:45 pm  To: 3:45 pm		
8	Is prior preparation needed?  VNo Yes (expan)		
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:		
10	Building Principal's approval: (Signature/Date)		
11	Principal's notes:		
12	Seymour Recreation Dept Approval: John Fracker		
	AGREEMENT		
custo facili polic Boar outil			
	Sture is Required Below Central Office Use Only:		
	Mary McNelis		
	Signature of Authorized Representative Approved Denied		
	Seymour Community Services  Organization's Name  Superintendent of Schools, Seymour Public Schools		
O'ge	3/3//25 Superintendent of Schools, Seymout Public Schools 4/8/2025		
Date			
Ι.	* 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		



- 1	<b>Print Form</b>
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## SEYMOUR BOARD OF EDUCATION APPLICATION FOR USE OF BUILDINGS, GROUNDS, OR EQUIPMENT

1	Questions 1 - 9 must be completed and the form must be signed by you. Incomplete forms will be returned.  Name of Organization or group requesting use:
	Seymour Community Center - Recreation
2	Purpose for which facility is to be used:
	Chess club
3	Is this activity affliated with the Seymour Recreation Department?
4	Name of specific facility desired: High School Middle School Bungay Chalfield-LoPresti
	To confirm availability; this request must go to the Principal of the school you wish to use
	Sym Pooi* Auditorium VClassroom Fleid 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 Ino NOTE: If admission is charged, organization must be registered with the State Tax Department.
7	Date of Activity: From: 4/22 Days of Week: Tuesdays
•	To: 5/2 7 Hours: From: 2:45 Pm To: 3:45 Pm
0	is prior preparation needed?    No    Yes (explain)
	Lohn Freehor
9	Name of person in charge of this activity: John Fracker
	Name of Organization or Group: Seymour Community Center - Recreation
	20 Pine Street
	Seymour, CT 06483
	Phone. 203-888-0406 xt. 2
	email: ifracker@seymourct.org
10	Building Principal's approval.
11	Principal's notes:
12	Seymour Recreation Dept Approval: John Fracker
	AGREEMENT
custo facili polici Boar outtii Sign Sign Orga	Central Office Use Only:  Mary McNelis ature of Authorized Representative  Seymour Community Services  Inization's Name  Superintendent of Schools, Seymour Public Schools  14/8/2025  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.

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Print Form

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

1	Questions 1 - 9 must be completed and the form must be signed by you. Incomplete forms will be returned.  Name of Organization or group requesting use:		
	Seymour Community Center - Recreation		
2	Purpose for which facility is to be used:		
	Basketball with Coach Cast		
3	Is this activity affliated with the Seymour Recreation Department?   Zyes   []no (If yes, approval is required, see #12)		
4	Name of specific facility desired: High School Middle School Bungay Chalfletd-LoPresti		
	To confirm availability; this request must go to the Principal of the school you wish to use		
	Sym Pool* Auditorium Classroom = leid Other (explain)		
5	Approximate number of people expected to attend:   ZO  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?		
	Date of Activity: From: 4/24 Days of Week: Thursdays		
7	To: 5/29 Hours: From: 2:45 Pm To: 3:45 Pm		
8	Is prior preparation needed? ✓ No Yes (esplan)		
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: (Signatura/Date)		
11	Principal's notes: 5115125 not available		
	0.1.5		
12	Seymour Recreation Dept Approval: John Fracker		
	AGREEMENT		
custo facili polici Boar outli Sign	the undersigned, agree to pay the designated rental fee plus odiel, police and fire personnel costs for use of the school lites and to provide liability insurance a as prescribed in the class of the Board of Education. We have received a copy of the rate policies and agree to abide by all the rules and regulations ned.  **Statute is Required Below**  **Central Office Use Only:**    Approved   Denied   Approved   Approved		
Seymour Community Services			
	Organization's Namp Superintendent of Schools, Seymour Public Schools		
	3/31/25 4/8/2025		
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  revised. 072915		