

**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:
After-School Program - Just Breathe
- 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-LoPresli
(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) Request Room L41
- 5 Approximate number of people expected to attend: 20
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: Apr. 25, 2025 Days of Week: Fridays
exclusion day To: Jun. 6, 2025 Hours: From: 2:45 pm To: 3:45 pm
5/23
- 8 Is prior preparation needed? ☒ No ☐ Yes (explain) _____

- 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 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

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 Conpton
Superintendent of Schools, Seymour Public Schools

4/8/2025
Date

SMS

Print Form

Revised 07/14/15

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

Questions 1 - 8 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:
Pokémon Club
- 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: **20**
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: **4/21** Days of Week: **Monday**
exclusion day To: **6/02** Hours: From: **2:45 pm** To: **3:45 pm**
5/26
- 8 Is prior preparation needed? ☒ No ☐ Yes (explain) _____
- 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 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 McNeilis

Signature of Authorized Representative

Seymour Community Services

Organization's Name

3/31/25

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 Conpton
Superintendent of Schools, Seymour Public Schools

4/8/2025
Date

revised 072915

SMS

Print Form

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:
Chess Club
- 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 ☐ Bungalow ☐ Chalfield-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: 4/22 To: 5/27 Days of Week: Tuesdays Hours: From: 2:45 pm To: 3:45 pm
- 8 Is prior preparation needed? ☒ No ☐ Yes (explain)
- 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]
- 11 Principal's notes:
- 12 Seymour Recreation Dept Approval: John Fracker

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 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 McNeilis

Signature of Authorized Representative

Seymour Community Services

Organization's Name

3/31/25

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 Condon
Superintendent of Schools, Seymour Public Schools

4/8/2025

Date

revised 072915

JMS

Print Form

Revised 07/14/15

SEYMOUR BOARD OF EDUCATION
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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:
Basketball with Coach Carl
- 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: 20
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: 4/24 To: 5/29 Days of Week: Thursdays Hours: From: 2:45 pm To: 3:45 pm
- 8 Is prior preparation needed? ☒ No ☐ Yes (explain)
- 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 xl. 2
email: jfracker@seymourct.org
- 10 Building Principal's approval: [Signature]
- 11 Principal's notes: 5/15/25 not available
- 12 Seymour Recreation Dept Approval: John Fracker [Signature]

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 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

3/31/25

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 Condon
Superintendent of Schools, Seymour Public Schools

4/8/2025

Date

revised 072915