

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:
Taylor Swift 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-LoPrest
(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's
exclusion Day To: 6/02 Hours From: 3:40 pm To: 4:40 pm
5/26
- 8 Is prior preparation needed? ☒ No ☐ Yes (if so and) _____

- 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]
(Signature/Date)
- 11 Principal's notes: Room 110
- 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

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

**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:
Mad Science
- 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-LoPresi
(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: 4/22 Days of Week Tuesdays
To: 5/27 Hours: From 3:40 pm To 4:40 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 fracker@seymourct.org
- 10 Building Principal's approval: David S. Fracker
(Signature/Date)
- 11 Principal's notes: Room 110
- 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

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 Lupton
Superintendent of Schools, Seymour Public Schools

Date

4/8/2025

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:
P.E. After-school
- 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 ☒ Chalfield "LoPrest"
(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) Bad weather - need gym
- 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: 4/24 To: 5/29 Days of Week: Thursdays Hours: From: 3:40 PM To: 4:40 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 x1. 2
 email: jfracker@seymourct.org
- 10 Building Principal's approval: [Signature]
- 11 Principal's notes: SONCCA has 1st rights to the gym if inclement weather.
- 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

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 Compton
 Superintendent of Schools, Seymour Public Schools

4/8/2025

Date