



# APPLICATION FOR USE OF CANTON PUBLIC SCHOOL FACILITIES



Name of Applicant: \_\_\_\_\_

Phone (**MUST** be reachable on day of event):

e-mail Address \_\_\_\_\_

(1) \_\_\_\_\_ (Cell/Home/Office)

Mailing Address: \_\_\_\_\_

(2) \_\_\_\_\_ (Cell/Home/Office)

Name of Organization or Group: \_\_\_\_\_

Intended Use: \_\_\_\_\_

**Date(s) desired:** \_\_\_\_\_ **Day(s)** (circle) Sun Mon Tue Wed Thu Fri Sat  
(for multiple reservations - specific date/times to be listed on reverse)

Time doors to be <u>opened</u> : _____ a.m./p.m.	<b>Event START</b> time: _____ a.m./p.m.
<b>Event END</b> time: _____ a.m./p.m.	<b>TOTAL TIME REQUESTED:</b> _____ Hour(s) _____ Minutes

**School:**

\_\_\_\_ Canton High School  
 \_\_\_\_ Canton Middle School  
 \_\_\_\_ Canton Intermediate School  
 \_\_\_\_ Cherry Brook Primary School

**Room(s):**

\_\_\_\_ Gymnasium  
 \_\_\_\_ Auditorium (CHS/CMS Building only)  
 \_\_\_\_ Cafeteria  
 \_\_\_\_ Kitchen (permission & additional fee)  
 \_\_\_\_ Classroom(s) #'s: \_\_\_\_\_  
 \_\_\_\_ Library/Learning Commons  
 \_\_\_\_ Turf/Field \_\_\_\_\_  
 \_\_\_\_ **Other:** \_\_\_\_\_

**Equipment needed** (additional fees may be charged):

\_\_\_\_ **Podium** \_\_\_\_ **Chairs** # ( ) \_\_\_\_ **Tables** # ( ) \_\_\_\_ **Microphone(s):** # ( ) \_\_\_\_ **Projector** \_\_\_\_ w/sound?  
 \_\_\_\_ **Screen** (circle type): center / sides / portable \_\_\_\_ **Special Lighting** \_\_\_\_ **Wi-Fi Access** \_\_\_\_ **Technical Assistance**  
 (Auditorium Only) (CURRENT RATES on reverse)

**Campus Office Use**

**Notification:** \_\_\_\_ Principal \_\_\_\_ Head Custodian \_\_\_\_ Music Director \_\_\_\_ Athletic Director \_\_\_\_ Tech Assistant  
 \_\_\_\_ Applicant \_\_\_\_ Master Calendar \_\_\_\_ Central Office \_\_\_\_ Other: \_\_\_\_\_

\* **BUILDING Administrator Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* **Athletic Director Approval (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office Use**

**ESTIMATED RENTAL CHARGE:**

\$ \_\_\_\_\_ **Custodial Fee**  
 \$ \_\_\_\_\_ **Facility Fee (Per day)**  
 \$ \_\_\_\_\_ **Equipment / Technical Assistance Fee**  
 \$ \_\_\_\_\_ **TOTAL ESTIMATED CHARGE**

**CUSTODIAL RATES VALID FROM 7/1/2025 – 6/30/2026**

	Saturdays/ Overtime	Sundays/ Double Time	Facility Per Diem Fees
4hr minimum	\$232.00	\$310.00	Auditorium \$100.00
4.25 to 6.00 hrs	\$361.00	\$465.00	Gym \$100.00
6.25 to 8.00 hrs	\$465.00	\$620.00	Cafeteria \$50.00
8.25 to 10.00 hrs	\$594.00	\$774.00	Classroom \$50.00
10.25 to 12.00 hrs	\$697.00	\$929.00	Music Classroom \$50.00
			Field Use: \$50.00

**\*A custodial fee equal to 45 minutes before and 1 hour after scheduled time will be applied to each rental**

\* **Certificate of Insurance?** Yes No N/A

\* **Business Office Approval:** \_\_\_\_\_

**\*\*Scheduled school functions and sports programs will preempt other scheduled activities\*\***

**\*\*Evening events are automatically cancelled when schools close due to snow or inclement weather\*\***

APPLICATIONS FOR FACILITY USE MUST BE SUBMITTED NOT LESS THAN FIVE (5) SCHOOL DAYS PRIOR TO THE EVENT

**PLEASE READ AND SIGN RULES AND REGULATIONS ON REVERSE**

### Dates / Times for Rental

[illegible]

## FACILITIES USE RULES AND REGULATIONS

1. Space may be reserved no more than one year in advance. Higher priority events and/or inclement weather may cause previously scheduled activities to be canceled or postponed on short notice. Other suitable facilities may be substituted, if available. Evening events are automatically canceled when schools are closed due to snow or inclement weather.
2. Applicants shall provide **adequate supervision** for **ALL** participants and observers attending the activity (even if not directly involved). They shall also be responsible for any damage caused to person or property resulting from this use. School staff should not be expected to provide supervision.
3. Application is limited to assigned rooms and adjacent toilets. School phones may only be used in an emergency.
4. **ALCOHOLIC BEVERAGES** are prohibited in any school facility or on any school property.
5. **SMOKING** is prohibited in all school buildings. **SMOKING** is also prohibited anywhere on school grounds.
6. **POLICE SUPERVISION**, if required, must be arranged and paid for by the applicant. Typically large groups requiring traffic and parking control or any sporting event will warrant police supervision.
7. Custodial services during non-duty hours will be billed at a **minimum** of four (4) hours at the applicable overtime rate. Charges for custodial service will normally commence **45 minutes prior to and 1 hour following** the opening/closing of the facility depending on the amount of setup, breakdown or cleaning required.
8. If audio-visual equipment and/or technical personnel are needed, the applicant will be billed for these services. Use of the Canton High School auditorium includes the stage work lights only and one portable microphone and podium. Use of any additional equipment, lighting or sound systems must be arranged with the Audio-Visual Tech Coordinator at 860-693-7707. **This service is provided at an additional cost of \$60.00 /hour with a three (3) hour minimum.**
9. **CERTIFICATE OF INSURANCE:** Applicants not directly affiliated with the Canton Public Schools or Town of Canton will be required to provide a certificate of insurance (COI) from a carrier licensed in the State of CT. The COI should be sent with this Facilities Use Application to the school representative handling the request.
  - a) The *Town of Canton and Canton Board of Education* shall be named as additional insureds on the certificate.
  - b) The applicant shall provide a COI with the following coverage:
    - \$1,000,000 of General Liability, Umbrella, and Automobile Insurance
    - Workers' Compensation as required by CT law.

I, \_\_\_\_\_, hereby certify that I, the undersigned, am an agent of the above named organization and authorized to accept in their name the responsibility of adequate supervision, damages to school property and payment of fees. It is further understood that any request for use of a facility by a school organization shall take priority over any other scheduled activity.

**All checks should be made payable to and mailed to:**

Authorized Signature

Date \_\_\_\_\_

**Canton Board of Education  
Attn: Accounts Payable/Facility Use  
4 Market Street, Suite 100  
Canton, CT 06019**