

Cumberland Public Schools

2602 Mendon Road
Cumberland, RI 02864

(401)658-1600

www.cumberlandschools.org

For Office Use Only

FEE: _____ Account is current Yes No Permit #: _____

Approval _____ Date Approved _____

APPLICATION FOR USE OF WELLNESS CENTER

Step 1 of 8: Contact Information (Please Print)

Group/Individual Requesting Use: _____

Contact Person: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Fax: (____) _____

Step 2 of 8: Activity/Event Description

Purpose of event: _____

Is this event sponsored by the Cumberland Public Schools? Yes No Expected Attendance: _____

Has this activity previously been held at a Cumberland Public School facility? Yes No

If yes, give approximate date and location of previous event: _____

Will the public be admitted? Yes No

Will a fee be charged for admission? Yes No If yes, admission charge: \$ _____

Is this event a fundraising activity? Yes No

If yes, explain: _____

Is this a commercial (for-profit) event? Yes No

If yes, explain: _____

STEP 3 of 8: Select Facility, Area and Equipment, Obtain Signatures

Date(s) Requested: _____ Times: from _____ a.m./p.m. to _____ a.m./p.m.

Day(s) (PLEASE CIRCLE): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Facility Requested:

- Cumberland High School
Wellness Center

Area(s) Requested: (check all that apply)

- Locker Room
 Concession Stand
 Classroom (Air-conditioned)
 ____ 1 of 4
 ____ 2 of 4
 ____ 3 of 4
 ____ 4 of 4
 Gymnasium
 ____ 1 of 3
 ____ 2 of 3
 ____ 3 of 3
 Center Court

Equipment Needed:

- Bleachers
 Chairs
 Lighting
 Microphone
 Podium
 P.A. System
 Sound
 Other _____

Signature of Athletic Director to Acknowledge Availability of Facility

Date

FORM IS CONTINUED ON THE OTHER SIDE. PLEASE TURN THE PAGE OVER. 

