

Cumberland School Department
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: (____) _____

Email: _____

Step 2 of 8: Activity/Event Description

Purpose of event: _____

Is this event sponsored by the Cumberland School Department? Yes No Expected Attendance: _____

Has this activity previously been held at a Cumberland School Department 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 _____

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Custodial Hours:

From _____ a.m./p.m.

To _____ a.m./p.m.

Signature of Athletic Director to Acknowledge Availability of Facility

Date

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

STEP 4 of 8: Obtain Fire/Police Protection

Your organization must contact your local fire district/police station directly to determine if coverage is necessary, and to schedule that coverage as required. **Payment for these services is the responsibility of the individual/group requesting use of the building.**

Obtain signatures from these authorities to confirm you have completed this step in the process.

- Police coverage required and obtained
- Fire coverage required and obtained
- Police coverage not required
- Fire coverage not required

Signature of Police Department Date

Signature of Fire Department Date

STEP 5 of 8: Additional Documentation

If this activity is a fund-raiser and/or requires a flyer to be distributed, these permissions must be obtained from the Superintendent prior to submitting this application. **Copy of approval(s) must be included in this packet.**

STEP 6 of 8: Submit Complete Application Packet

Must be submitted at least **3 weeks** prior to activity or event. Complete packet includes:

- signed application
- payment (if applicable) by check made payable to "Cumberland School Department"
- certificate of insurance with a minimum of \$1,000,000 liability coverage, naming Cumberland School Department as an additional insured, unless otherwise requested.
- additional documentation as necessary. All additional documentation associated with this event (flyer distribution approval, fund-raising permission, etc.) must be pre-approved by the Office of the Superintendent.

Step 7 of 8: Requestor Signature

This permit is requested under the policies of the Cumberland School Committee, and I agree to become responsible for any damage to buildings, grounds and/or equipment.

Signature: _____ Date of Application: _____

Please note: The requestor will receive a copy of this application after it is fully approved by the Office of the Superintendent. Any changes must be submitted in writing and will affect processing time.

Step 8 of 8: Mail Complete Packet to :

Cumberland School Department
Office of the Superintendent
2602 Mendon Road
Cumberland, RI 02864

Date Stamp Received by Superintendent's Office
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