



Stamford Public Schools

EXCELLENCE IS THE POINT.

Board of Education

Facilities Management Department

Phone (203) 977-4612 - Fax (203) 977-5547

PERMIT # 18346

email

phrs

SCHOOL BUILDING USE APPLICATION FOR OUTSIDE COMMUNITY & ORGANIZATIONS

MAILING ADDRESS: Stamford Public Schools, Facilities Department, 888 Washington Blvd., Stamford, CT 06901

Name of School Requested for Event: <i>Stillmead</i>		Space Desired: <i>Riffled</i>	Purpose: <i>Sof+ball</i>
Anticipated # of People: Adults: <i>5</i> Children: <i>10-30</i>		Organization's Name: <i>Stamford Trng Softball, INC</i>	Non-Profit Tax ID#: <i>83-4521656</i>
Person in Charge of Payment for the Event: <i>Michael Orgera</i>			
Billing Address: <i>P.O. Box 4615 Stam. CT 06907</i>			Phone Number: <i>2039431541</i>
Event Date(s): <input checked="" type="checkbox"/> Multiple Days <input type="checkbox"/> Single Day <i>3/27/22 - 10/31/22</i>		Event Start Time: AM/PM <i>M-F 5:00pm - Dark</i>	Event Ending Time: AM/PM <i>Sat-Sun 8:00am - Dark</i>
Event Description: <i>Stamford Stars Girls Youth Softball League</i>			
Will there be food at this event?:		Food type/location:	
What time would you like the building open?:		Time building will be completely vacated:	
Additional requests for the event (tables, chairs, bleachers, podium, etc.):			

[Signature]
Principal

1-27-22
Date

[Signature]
Fire Marshal

2-18-22
Date

[Signature]
Police Department

2/18/22
Date

[Signature]
Facilities Department

3.1.2022
Date

[Signature]
Risk Manager

2/18/22
Date

[Signature]
Applicant's Signature

1-25-22
Date

Required Total Custodian Hrs. _____

Custodians Fee

Rental Fee

Energy Surcharge Fee

Required Payment: _____ Date Paid: _____ Cash/Check #: _____

Full payment is required 2 weeks prior to date of event. Custodian costs and Energy Surcharge are estimates. Additional charges maybe assessed after the event due to additional work hours required, these hours will be billed accordingly. The Building Use Regulations will be strictly enforced.