

Nute High School & Library
Nute Middle School
Building Use Form

22 Elm Street Milton NH 03851
603-652-4591 Fax 603-652-9926

Requests to use Nute High School and/or Middle School facilities must be submitted at least two weeks prior to the requested use of the activity. If the event, if approved, is intended to include students, then it will be considered a school sponsored event and all school rules, policies and procedures must be followed as outlined in the Student/Parent Handbook, the Faculty and Staff Handbook and the Milton School District Policy Manual. Events meant for the general public must follow all Policies of the Milton School District which includes, but not limited to, the prohibition of all tobacco products, alcohol, drugs and other controlled substances.

Group(s): _____ Date of Application: _____

Applicant: _____

Contact Info: _____
Street Town State Zip Phone #

Event: _____ Date(s) of Event: _____

Place: _____ Time: _____ To _____

Purpose: _____

Facilities/Equipment Required: _____

If this event is going to take place out side of the normal school day there must be at least one person present who is First Aid & CPR certified if students are going to be present, who will that person be?

Name: _____ Cert. Exp. Date: _____

First Aid & CPR Certified Person to be Present at Event

If the applicant for the group is not going to be present for this event, who will be the person will be present that will take responsibility for the event and be the event manager?

Event Manager: _____

Contact Info: _____

Street Town State Zip Phone #

By signing below you are signifying that you have read and understand the responsibilities of the event manager, that your group is responsible for following the rules, procedures and policies of the school and school district and that your group is responsible for any costs that may be incurred by the district as a result of this event.

Name: _____ Signature: _____

Event Manger

Event Manager

(See Reverse Side)

Additional information/requirements to meet approval:

Estimated Costs for use of the facilities and equipment:

Accepted by: _____ Date: _____
Requesting Group Representative Signature

Approved: _____ Date: _____
Food Service Director's Signature

Approved: _____ Date: _____
Maintenance Director's Signature

Approved: _____ Date: _____
Principal Signature