

Facility Use Form – Laconia School District

Event Information	
Name of Organization	
Name of Contact Person	
Contact Address	
Contact Phone Number	
Contact Email	
Name of School Requested	
Location in School	
Date of Event	
Time of Event	
Insurance Carrier (please attach copy of policy)	
Description of Event	
Custodial Needs	
Technology Needs	
Event Set Up Details	
Additional Information	
Approximate Number of People Expected to Attend	
Signature	
Date	
Building Principal or Designee/Date	
Laconia Fire Chief or Designee/Date	
Superintendent of Schools or Designee/Date	