

Category Descriptions

A – AF staff for AF event

B – No AF affiliation/outside non-profit organization

Category A

AF staff requesting space for an AF event will be required to confirm space availability with the DSO. They do not need to complete a Facilities Use Request Form and will not be required to submit a fee.

Examples include AF Network training sessions, after hour's athletic events such as cheerleading and alumni meetings.

Category B

If an individual does not have an affiliation with AF and is not a community partner, he/she will be required to follow ALL of the Facilities Use Guidelines including:

- Must complete the Facilities Use Request two weeks prior to event
- Must agree to abide by all of the Facilities Use Guidelines including submitting 1) copy of the non-profit determination letter from the IRS (if applicable) and 2) a copy of a certificate of insurance
- Must provide all applicable fees

Examples include local athletic teams or meeting space for non-profit organizations.

Policy updated 5/2022



Facilities Use Request

Please select the appropriate category:

Category A	Category B
AF Staff for AF Event	No AF affiliation/outside non-profit organization
<input type="checkbox"/>	<input type="checkbox"/>

Name of requesting organization: _____

Legal address of requesting organization: _____

Contact person name: _____

Contact person email address: _____

Contact person phone number: _____

Photo ID of applicant (please attach):

Non-profit Employer Identification Number (if applicable): _____

(Please attach copy of IRS letter)

Date(s) of event: _____

Purpose of event: _____

Description of activities:

Space(s) desired:

GYM

CAFETERIA

CLASSROOM

(Specify number of rooms):

ATHLETIC FIELD

OTHER

Please note the AHS kitchen is not available for use by outside parties.





Additional requests for the event (AV equipment, tables, chairs, podium, etc.):

Event start time requested: _____ Event end time requested: _____

Set up start time requested: _____ Breakdown end time: _____
(Time available for set up) (time premises will be completely vacated)

Expected number of people in attendance: _____

Adults: _____ Children: _____

Will food or beverages be served? Yes No

If yes, how much per person? _____

If yes, for what purpose? _____

Has applicant ever used space provided by the New Haven Board of Education? Yes No

If yes, does applicant owe money to NHBE? Yes No

If yes, is applicant in good standing with NHBE? Yes No

If permission is granted for use, we hereby agree to strictly comply with the rules and regulations of AHS governing the use of its facility; to ensure the facility is treated with care and respect by all users; and to pay for the cost of any damage that rises from our occupancy.

I affirm that I have read and agree to comply with the AF Amistad High School Facility Use Guidelines.

Written name: _____

Signature: _____ Date: _____

Please return completed application at least two weeks prior to event to:

Mike Thibodeau, Director of Student Life
AF Amistad High School
580 Dixwell Avenue
New Haven, CT 06511
mikethibodeau@achievementfirst.org
(203) 772-1092, ext.13620

Application will be reviewed and applicant notified of decision within 2 business days of application.

