

**HUDSON SCHOOL DISTRICT  
IN HOUSE FACILITY USE/RENTAL APPLICATION**

**DIRECTIONS:** The information requested is necessary for managing facility usage and to assure that your needs are met. Complete Section I and II and submit the form to the school administrative office at least 14 days prior to the proposed activity. **A Certificate of Liability must accompany this form proving coverage for general liability and property damage insurance totaling \$1,000,000/\$2,000,000 aggregate with the Hudson School District listed as additional insured. The certificate holder should list the Hudson School District, 20 Library Street, Hudson, NH. THIS APPLICATION WILL NOT BE PROCESSED UNLESS THE CERTIFICATE OF LIABILITY IS ATTACHED.**

**SECTION I - APPLICANT INFORMATION**

Name of Organization: \_\_\_\_\_  
Contact Person and Telephone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Activity Description: \_\_\_\_\_  
Number of Anticipated Participants: \_\_\_\_\_ Number of Supervisors Provided: \_\_\_\_\_  
Estimated Hours: \_\_\_\_\_ Time \_\_\_\_\_  
Activity Date(s): \_\_\_\_\_ S M T W R F S \_\_\_\_\_  
Facilities Requested: \_\_\_\_\_

\_\_\_\_\_ **Alvirne High School, 200 Derry Road, Hudson, NH - Telephone: 886-1260**

_____ V114	_____ Cafeteria	_____ Tennis Court
_____ Classroom	_____ Gym	_____ Checkers
_____ Field(s)	_____ Library	_____ Checkers Kitchen (additional form)
_____ Music Room	_____ Track	_____ Hills House field

\_\_\_\_\_ **Hudson Memorial School, 1 Memorial Drive, Hudson, NH - Telephone: 886-1240**

_____ Cafeteria	_____ Gym	_____ Multipurpose Rm
_____ Classroom	_____ Library	
_____ Field(s)	_____ Other	

\_\_\_\_\_ **Hills Garrison School, 190 Derry Road, Hudson, NH - Telephone: 881-3930**

_____ Cafeteria	_____ Gym	_____ Other
_____ Classroom	_____ Library	_____ Field(s)

\_\_\_\_\_ **Dr. H. O. Smith School, 33 School Street, Hudson, NH - Telephone: 886-1248**

_____ Library	_____ Cafeteria
_____ Classroom	_____ Gym

\_\_\_\_\_ **Library Street School, 22 Library Street, Hudson, NH - Telephone: 886-1255**

_____ Café/Gym	_____ Classroom	_____ Other
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\_\_\_\_\_ **Nottingham West School, 10 Pelham Road, Hudson, NH - Telephone: 595-1570**

_____ Cafeteria	_____ Gym	_____ Other
_____ Classroom	_____ Library	_____ Field

\_\_\_\_\_ **Hills Memorial Library, 18 School Street, Hudson, NH**

\_\_\_\_\_ Conference room

**Equipment requested:** \_\_\_\_\_

I certify that I have read and understand the regulations governing the use of the Hudson School District facilities, and my organization does not engage in any activity prohibited by School District Policy. I agree to accept personal responsibility for ensuring the compliance with these regulations during use of school facilities under this request. I affirm that all statements made by me on this form are true, complete and accurate to the best of my knowledge and belief.

**FACILITIES RENTERS USING ANY HUDSON SCHOOL DISTRICT BUILDING, PLEASE BE AWARE OF THE FOLLOWING RULES: NO USE OF TOBACCO PRODUCTS, NO ALCOHOLIC BEVERAGES ON SCHOOL PREMISES, AT ANY TIME, IN/OUT OF THE BUILDING. FOOD/DRINK ALLOWED IN CAFÉ ONLY.**

**Printed Name and Title:** \_\_\_\_\_

**Signature and Date:** \_\_\_\_\_

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**SECTION II - REQUIRED DOCUMENTATION/APPROVALS**

This form will not be processed until all documentation has been submitted. If the proposed activity will fill the requested facility to more than half of capacity, the police and fire departments must be notified. This is the sole responsibility of the renter.

**Set up Requirement:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III - PROCESSING ACTIONS**

After this request has been received/approved at the building level it must be sent to the Central Office for processing:

**School Administration Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Facility Office Approval:** \_\_\_\_\_ **Date** \_\_\_\_\_

All necessary documentation has been received and checked:	_____	Yes	_____	No
Facility is available on this date:	_____	Yes	_____	No
Equipment is available on this date:	_____	Yes	_____	No
Extra Personnel Coverage required for this time/date:	_____	Yes	_____	No

Hours of custodial time required: \_\_\_\_\_  
Fee Total: \_\_\_\_\_

**Business Administrator Approval:** \_\_\_\_\_ **Date** \_\_\_\_\_

After the request has been processed by the Central Office, the original request should be filed in the Finance Office, Facilities office, and copies routed to the participating schools.