



Use of Facilities and Grounds Application for Fee Waiver or Reduction

Contact Information

Name of Organization: _____

Contact Person: _____

Telephone: _____

Email: _____

Event Information

Nature of Activity: _____

Date of Event: _____

Time of Event: _____

School Requested: _____

Resource Requested: _____

(i.e Gym, Auditorium) _____

Is activity for students enrolled in SPS? ☐Yes ☐No

Are you a non-profit organization? ☐Yes ☐No

If yes, please provide supporting documentation.

Number of participants? _____

Is a fee charged for involvement in this activity? ☐Yes ☐No Amount of fee: _____

Waiver request must include any supporting documentation that provides direct services for students or staff of Suffolk Public Schools. Please provide any documentation that supports your claim that the applicant has provided a monetary donation or in-kind services to Suffolk Public Schools that is valued at \$500 or more.

Rationale for application to have community use fees waived.

Please note: Waiver of fee does not preclude charges related to excess custodial, kitchen supervision, audio technician, security, athletic personnel as outlined in the Suffolk Public Schools policies and procedures.

Superintendent Signature

Date