

Any-pls sign x2.

Thanks.

SCHOOL BUILDING USE APPLICATION

PERMIT #
6928

MAILING ADDRESS: City of Stamford, Cashiering & Permitting Division, 888 Washington Blvd., Stamford, CT 06901

Name Of School: <i>RIPPLEWAY MS</i>		Locations Desired: <i>SOCCER FIELDS</i>		Purpose: <i>GAMES/PRACTICE</i>	
Approximate # Of People	Adults <i>6</i>	Children <i>30</i>	Org. Name: <i>STAMFORD YOUTH SOCCER</i>	Person in Charge: <i>BOB PEPI</i>	
Mailing Address: <i>1466 AYMONIA DR 06907</i>				Phone: <i>203-249-6400</i>	
Event Dates: <i>8/22/11 - 9/11/2011</i>		Event Starting Time:		Event Ending Time:	
Type of Event: <i>UPPER FIELD : WEEKDAYS : 4:30-DARK</i> <i>SATURDAYS : 5:30-DARK</i> <i>SUNDAYS : 5:30-DARK</i>					
Will there be food at the event?			Food type/location:		
Request time to open building:			Time building completely vacated by:		
Furniture/Equipment requested for event:					
Non-Profit Tax ID #					

Principal <i>[Signature]</i>	Date <i>8/18/2011</i>	Facilities Manager <i>[Signature]</i>
Police Department <i>[Signature]</i>	Date <i>9/9/11</i>	Fire Marshall
Risk Manager	Date	Cashiering & Permitting

Required Total Custodian Hrs. _____

Custodians	Rent	Stage/Site Manager	Energy Surcharge (11/1-4/15)
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Payment Date: _____ Amount Paid: _____ Check #: _____

Full payment required before permit application is approved. Custodian costs are estimates therefore additional charges may be assessed after the event due to additional work hours required. The Building Use Regulations on the reverse side will be rigidly enforced.

Permitted Copy

SCHOOL BUILDING USE APPLICATION

PERMIT #
6931

MAILING ADDRESS: City of Stamford, Cashiering & Permitting Division, 888 Washington Blvd., Stamford, CT 06901

Name Of School: <i>RIPPON M.S.</i>	Locations Desired: <i>GRASS FIELDS</i>	Purpose: <i>GAMES/PRACTICE</i>
Approximate # Of People: Adults <i>6</i> Children <i>30</i>	Org. Name:	Person in Charge: <i>BOB PERI</i>
Mailing Address: <i>146 GAYNOR DR 06907</i>	Event Starting Time:	Phone: <i>203-249-6400</i>
Event Dates: <i>8/29 - 11/2/11</i>	Event Ending Time:	
Type of Event: <i>LOWER GRASS FIELDS</i>		
<i>WEEKDAYS = 4:30 - DARK</i>		
<i>SATURDAYS = 9:00 - DARK</i>		
<i>SUNDAYS = 9:00 - DARK</i>		
Will there be food at the event?	Food type/location:	
Request time to open building:	Time building completely vacated by:	
Furniture/Equipment requested for event:		
Non-Profit Tax ID #		

Principal: *[Signature]* Date: *8/18/2011* Facilities Manager: *[Signature]*

Police Department: *[Signature]* Date: *9/9/11* Fire Marshall: _____

Risk Manager: _____ Date: _____ Cashiering & Permitting: _____

Required Total Custodian Hrs. _____

Custodians _____ Rent _____ Stage/Site Manager _____ Energy Surcharge (11/1-4/15) _____

Payment Date: _____ Amount Paid: _____ Check #: _____

Full payment required before permit application is approved. Custodian costs are estimates therefore additional charges may be assessed after the event due to additional work hours required. The Building Use Regulations on the reverse side will be rigidly enforced.

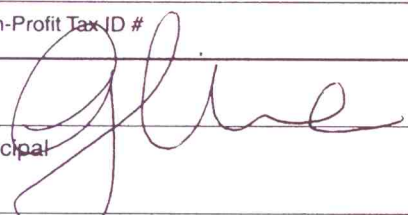
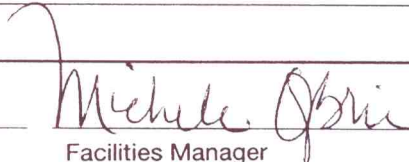
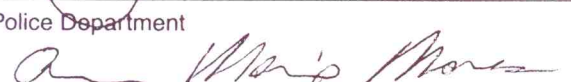
CALL BOB PEPI

SCHOOL BUILDING USE APPLICATION

PERMIT # 6926

MAILING ADDRESS: City of Stamford, Cashiering & Permitting Division, 888 Washington Blvd., Stamford, CT 06901

Name Of School: ROXBURY	Locations Desired: GRASSFIELDS	Purpose: GAMES/PRACTICE
Approximate # Of People Adults: 10 Children: 20	Org. Name: STAMFORD YOUTH SOCCER	Person in Charge: BOB PEPI
Mailing Address: 146 GAYMOOR DR 06907	Event Starting Time:	Phone: 203-249-6400
Event Dates:	Event Ending Time:	
Type of Event: 9/11/11 -> 11/20/11 SUNDAYS 12:00 -> DARK		
Will there be food at the event?	Food type/location:	
Request time to open building:	Time building completely vacated by:	
Furniture/Equipment requested for event:		
Non-Profit Tax ID #		

Principal 	Date 8/14/11	Facilities Manager 
Police Department 	Date 9/9/11	Fire Marshal
Risk Manager	Date	Cashiering & Permitting

Required Total Custodian Hrs. _____

Custodians _____ Rent _____ Stage/Site Manager _____ Energy Surcharge (11/1-4/15) _____

Payment Date: _____ Amount Paid: _____ Check #: _____

Full payment required before permit application is approved. Custodian costs are estimates therefore additional charges may be assessed after the event due to additional work hours required. The Building Use Regulations on the reverse side will be rigidly enforced.

SCHOOL BUILDING USE APPLICATION

PERMIT #
6925

MAILING ADDRESS: City of Stamford, Cashiering & Permitting Division, 888 Washington Blvd., Stamford, CT 06901

Name Of School: <u>TURN OF RIVER</u>		Locations Desired: <u>2 SOCCER FIELDS</u>		Purpose: <u>GAMES/PRIZES</u>	
Approximate # Of People	Adults <u>10</u>	Children <u>60</u>	Org. Name: <u>STAMFORD YOUTH SOCCER</u>	Person in Charge: <u>BOB PERI</u>	
Mailing Address: <u>146 GARLAND DR 06907</u>			Phone: <u>203-749-6400</u>		
Event Dates:		Event Starting Time:		Event Ending Time:	
Type of Event: <u>9/11/11 - 11/20/11</u>					
<u>WEEKDAYS = 4:30 - DARK</u>					
<u>SATURDAYS = 9:00 - DARK</u>					
<u>SUNDAYS = 9:00 - DARK</u>					
Will there be food at the event?			Food type/location:		
Request time to open building:			Time building completely vacated by:		
Furniture/Equipment requested for event:					
Non-Profit Tax ID #					

[Signature] Principal 8-16-11 Date Michelle Obri Facilities Manager

Police Department [Signature] Risk Manager Date 9/9/11 Fire Marshall Cashiering & Permitting

Required Total Custodian Hrs. _____

Custodians Rent Stage/Site Manager Energy Surcharge (11/1-4/15)

Payment Date: _____ Amount Paid: _____ Check #: _____
Full payment required before permit application is approved. Custodian costs are estimates therefore additional charges may be assessed after the event due to additional work hours required. The Building Use Regulations on the reverse side will be rigidly enforced.

CALL BOB WHEN READY FOR PICKUP

SCHOOL BUILDING USE APPLICATION

PERMIT #
6935

MAILING ADDRESS: City of Stamford, Cashiering & Permitting Division, 888 Washington Blvd., Stamford, CT 06901

Name Of School: WESTHILL HS		Locations Desired: FRONT FIELD & STADIUM SOCCER FIELD		Purpose: GAMES/PRACTICE
Approximate # Of People	Adults 4	Children 30	Org. Name: STADIUM YOUTH SOCCER	Person in Charge: BOB PERI
Mailing Address: 146 GAYNOR DR. 06907			Phone: 203-249-6400	
Event Dates: 9/11/11 - 11/20/11		Event Starting Time:		Event Ending Time:
Type of Event: STADIUM FIELD:				
WEEKDAYS: AFTER H.S. TEAMS				
SATURDAYS: 2:00 -> DARK *				
SUNDAYS: 11:00 -> DARK				
FRONT FIELD:				
AFTER HS TEAMS DONE				
2:00 -> DARK *				
12:00 -> DARK				
Will there be food at the event? <input checked="" type="checkbox"/>		Food type/location: * AFTER HIGH SCHOOL ASTHETIC GAMES		
Request time to open building:		Time building completely vacated by:		
Furniture/Equipment requested for event:				
Non-Profit Tax ID #				

Principal: [Signature] Date: 9/2 Facilities Manager: Michelle [Signature]

Police Department: [Signature] Date: 9/9/11 Fire Marshall: _____
Risk Manager: _____ Date: _____ Cashiering & Permitting: _____

Required Total Custodian Hrs. _____

Custodians: _____ Rent: _____ Stage/Site Manager: _____ Energy Surcharge (11/1-4/15): _____

Payment Date: _____ Amount Paid: _____ Check #: _____

Full payment required before permit application is approved. Custodian costs are estimates therefore additional charges may be assessed after the event due to additional work hours required. The Building Use Regulations on the reverse side will be rigidly enforced.

