

**NEW MILFORD PUBLIC SCHOOLS  
BOARD OF EDUCATION  
New Milford, CT**

**QUESTIONNAIRE TO DETERMINE ORGANIZATIONAL CLASSIFICATION FOR SCHOOL  
USE**

**Please return with your application with all questions answered.**

Yes

No

**Have you read and do you understand the rules governing the use of facilities?**

**After expenses have been defrayed, will all of the profits be donated by your organization to a non-profit, private or public educational institution?**

**If the answer is "yes", give the name of the institution and the purpose for which such donation is to be used by the institution receiving it.**

\_\_\_\_\_

\_\_\_\_\_

**Is your organization sponsored by, or a part of, a local civic or community organization?**

**Give the name of the organization**\_\_\_\_\_

**Is your organization part of, or in any way connected with, a larger parent, national regional, or sectional organization such as a university alumni group, a political party, professional Organizations, Masonic, K of C group, etc.?**

**Give name of parent organization**\_\_\_\_\_

**Is admission to be charged or donation requested? If so, what is the amount?\_\_\_\_\_**  
**What will the income from ticket sales or donations be used for?**

\_\_\_\_\_

**Will any organization or individual, other than the organization that applied, share in the Profits? Give name**\_\_\_\_\_

**Will your organization be propounding a specific political or religious belief? If yes, explain briefly**\_\_\_\_\_

**If applicable, are your performers to be paid?**

**If applicable, are your performers on a volunteer, unpaid basis?**

**Are you demonstrating any products, goods or services. If so, Explain** \_\_\_\_\_

**Will you be soliciting funds from the audience either individually or collectively?**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Organization**