EASTON PUBLIC SCHOOLS

50 OLIVER STREET, NORTH EASTON, MA 02356 TELEPHONE 508-230-3200 FAX 508-238-3563

REQUEST FOR USE OF SCHOOL FACILITIES

THIS FORM MUST BE COMPLETELY FILLED OUT BEFORE SUBMISSION. ANY MISSING INFORMATION WILL CAUSE A DELAY IN PROCESSING.

PLEASE PRINT CLEARLY OR TYPE:

_____ **NAME OF APPLICANT**

_____ **NAME OF ORGANIZATION (REQUIRED)**

_____ **MAILING ADDRESS**

_____ **PHONE NUMBER** **E-MAIL ADDRESS**

_____ **CITY/ STATE/ZIP CODE**

_____ **SIGNATURE OF AUTHORIZED APPLICANT / DATE**

DATE(S) REQUESTED: _____ (Please list)

DAY(S) OF WEEK: _____ (Please list)

ENTRANCE TIME TO FACILITY: _____

EXIT TIME FROM FACILITY: _____

START OF ACTIVITY: _____

END OF ACTIVITY: _____

I have read this Agreement and the Conditions of Use of Easton Public School property, and accept the responsibility for the sponsoring group for payment of bills, the is observance of all regulations, and all terms hereof. I/we agree to a **RENTAL FEE OF** _____ (plus services). A **SECURITY DEPOSIT** of $_____ to be paid at the time the Facility Application is submitted unless other arrangements are agreed upon.

ORGANIZATIONS USING SCHOOL FACILITIES MUST ADHERE TO THE TIME APPROVED.

SCHOOL REQUESTED:

_____ OLIVER AMES HIGH SCHOOL
_____ EASTON MIDDLE SCHOOL
_____ F. L. OLMSTED SCHOOL
_____ H. H. RICHARDSON
_____ CENTER SCHOOL
_____ MOREAU HALL SCHOOL
_____ PARKVIEW SCHOOL

EQUIPMENT/SERVICES NEEDED:

_____ CUSTODIAN (S)
_____ FOOD SERVICE
_____ HOUSE MANAGER
_____ LIGHTING/SOUND TECHNICIAN
_____ STAGE HAND
_____ OVERHEAD PROJECTOR/VIDEO/LCD
_____ # TABLE AND CHAIRS

FACILITY REQUESTED:

_____ PERFORMING ARTS CENTER
_____ DRESSING ROOM
_____ EMS AUDITORIUM
_____ CAFETERIA/CAFETORIUM
_____ KITCHEN
_____ CLASSROOM(S)
_____ LECTURE HALL
_____ LIBRARY/MEDIA CENTER
_____ ATRIUM
_____ GYM
_____ WEIGHT ROOM
_____ DANCE/EXERCISE ROOM
_____ LOCKER ROOM(S)
_____ RESTROOMS
_____ MUSCATO STADIUM
_____ FIELD

CLASSIFICATION:

_____ SCHOOL SPONSORED/RELATED
_____ TOWN MUNICIPAL
_____ COMMUNITY GROUPS
_____ NON PROFIT
_____ PROFIT

TYPE OF ACTIVITY: _____

APPROXIMATE NUMBER OF PEOPLE ATTENDING _____ **PRICE OF ADMISSION (if applicable)** _____

APPROVE/INITIAL & DATE:

Yes _____ **No** _____	**Yes** _____ **No** _____	**Yes** _____ **No** _____	**Yes** _____ **No** _____
Music Director (when applicable)	**Athletic Director** (when applicable)	**Food Service Director** (when applicable)	**Building Principal**

Refundable Security Deposit _____ Liability Insurance _____ Participant Release Form _____ Indemnity Clause _____ Certified Non Profit _____

_____

Superintendent Signature / Date

Revised 4/27/10