

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 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 | _____ ATRIUM |
| _____ DRESSING ROOM | _____ GYM |
| _____ EMS AUDITORIUM | _____ WEIGHT ROOM |
| _____ CAFETERIA/CAFETORIUM | _____ DANCE/EXERCISE ROOM |
| _____ KITCHEN | _____ LOCKER ROOM(S) |
| _____ CLASSROOM(S) | _____ RESTROOMS |
| _____ LECTURE HALL | _____ MUSCATO STADIUM |
| _____ LIBRARY/MEDIA CENTER | _____ 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 Athletic Director Food Service Director Building Principal
(when applicable) (when applicable) (when applicable)

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

Superintendent Signature / Date

Revised 4/27/10