

EASTON PUBLIC SCHOOLS

Facility Usage Request Form

This form must be completed in its entirety 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 in advance.

ORGANIZATIONS USING SCHOOL FACILITIES MUST ADHERE TO THE TIME APPROVED.

<u>SCHOOL REQUESTED:</u> <input type="checkbox"/> Oliver Ames High School <input type="checkbox"/> Easton Middle School <input type="checkbox"/> Richardson Olmsted School <input type="checkbox"/> Center School <input type="checkbox"/> Moreau Hall School <input type="checkbox"/> Parkview School	<u>EQUIPMENT/SERVICES NEEDED:</u> <input type="checkbox"/> Custodian(s) <input type="checkbox"/> Food Service <input type="checkbox"/> House Manager <input type="checkbox"/> Lighting/Sound Technician <input type="checkbox"/> Stage Hand <input type="checkbox"/> Overhead Projector/Video/LCD <input type="checkbox"/> Tables and Chairs (# _____)	<u>CLASSIFICATION:</u> <input type="checkbox"/> School Sponsored/Related <input type="checkbox"/> Town/Municipal <input type="checkbox"/> Community Groups <input type="checkbox"/> Profit <input type="checkbox"/> Non-profit
<u>FACILITY REQUESTED:</u> <input type="checkbox"/> Performing Arts Center <input type="checkbox"/> Dressing Room <input type="checkbox"/> EMS Auditorium <input type="checkbox"/> Lecture Hall <input type="checkbox"/> Classroom(s) <input type="checkbox"/> Library/Media Center <input type="checkbox"/> Cafeteria/Cafetorium <input type="checkbox"/> Kitchen <input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Atrium <input type="checkbox"/> Nixon Gym (OA) <input type="checkbox"/> Practice Gym (OA) <input type="checkbox"/> Gym (EMS) <input type="checkbox"/> Gym Annex (EMS) <input type="checkbox"/> Gym (Richardson-Olmsted) <input type="checkbox"/> Dance/Exercise Room <input type="checkbox"/> Weight Room <input type="checkbox"/> Locker Room(s) <input type="checkbox"/> Restrooms	<input type="checkbox"/> Muscato Stadium <input type="checkbox"/> Football Practice Field <input type="checkbox"/> JV Baseball Field <input type="checkbox"/> JV Soccer Field <input type="checkbox"/> Wall Field <input type="checkbox"/> Men's Softball Field <input type="checkbox"/> Parkview Main Field Soccer <input type="checkbox"/> Parkview Main Field Softball <input type="checkbox"/> Parkview Upper Field <input type="checkbox"/> Outdoor Basketball Courts OA

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 7/9/15