

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 **DEPOSIT** of \$ _____ to be paid at the time the Facility Application is submitted unless other arrangements are agreed upon in advance.

I understand that an Automated External Defibrillator (AED) may be available on school grounds and access to the device is conditioned on a conversation with the school principal regarding the location of the device, the rules of use, and my responsibility to provide a trained AED provider. Furthermore, I accept, on behalf of my organization, all liability concerning the use, misuse, or failure to use the AED. I understand EPS has no responsibility or liability concerning use, misuse, or failure to use the AED during the term of facilities usage described in this agreement.

ORGANIZATIONS USING SCHOOL FACILITIES MUST ADHERE TO THE TIME APPROVED.

<u>SCHOOL REQUESTED:</u>	<u>EQUIPMENT/SERVICES NEEDED:</u>	<u>CLASSIFICATION:</u>
_____ Oliver Ames High School	_____ Custodian(s)	_____ School Sponsored/Related
_____ Easton Middle School	_____ Food Service	_____ Town/Municipal
_____ Richardson Olmsted School	_____ House Manager	_____ Community Groups
_____ Center School	_____ Lighting/Sound Technician	_____ For Profit
_____ Moreau Hall School	_____ Stage Hand	_____ Philanthropic not-for-profit
_____ Parkview School	_____ Overhead Projector/Video/LCD	
	_____ Tables and Chairs (# _____)	

<u>FACILITY REQUESTED:</u>		
_____ Performing Arts Center	_____ Atrium	_____ Muscato Stadium
_____ Dressing Room	_____ Nixon Gym (OA)	_____ Football Practice Field
_____ EMS Auditorium	_____ Practice Gym (OA)	_____ JV Baseball Field
_____ Lecture Hall	_____ Gym (EMS)	_____ JV Soccer Field
_____ Classroom(s)	_____ Gym Annex (EMS)	_____ Wall Field
_____ Library/Media Center	_____ Gym (Richardson-Olmsted)	_____ Men's Softball Field
_____ Cafeteria/Cafetorium	_____ Dance/Exercise Room	_____ Parkview Main Field Soccer
_____ Kitchen	_____ Weight Room	_____ Parkview Main Field Softball
_____ Other (specify below)	_____ Locker Room(s)	_____ Parkview Upper Field
	_____ Restrooms	_____ 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 _____
PAC Mgr (when applicable) **Athletic Director** (when applicable) **Food Service Director** (when applicable) **Building Principal**

Reservation Deposit _____ Security Deposit _____ Insurance _____ Release & Indemnification Form _____ Certified Non Profit _____

Superintendent Signature _____ **Date**