

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>
<input type="checkbox"/> Oliver Ames High School	<input type="checkbox"/> Custodian(s)	<input type="checkbox"/> School Sponsored/Related
<input type="checkbox"/> Easton Middle School	<input type="checkbox"/> Food Service	<input type="checkbox"/> Town/Municipal
<input type="checkbox"/> Richardson Olmsted School	<input type="checkbox"/> House Manager	<input type="checkbox"/> Community Groups
<input type="checkbox"/> Center School	<input type="checkbox"/> Lighting/Sound Technician	<input type="checkbox"/> For Profit
<input type="checkbox"/> Moreau Hall School	<input type="checkbox"/> Stage Hand	<input type="checkbox"/> Philanthropic not-for-profit
<input type="checkbox"/> Parkview School	<input type="checkbox"/> Overhead Projector/Video/LCD	
	<input type="checkbox"/> Tables and Chairs (# _____)	

<u>FACILITY REQUESTED:</u>		
<input type="checkbox"/> Dalrymple Performing Arts Center	<input type="checkbox"/> Atrium	<input type="checkbox"/> Muscato Stadium
<input type="checkbox"/> Dressing Room	<input type="checkbox"/> Nixon Gym (OA)	<input type="checkbox"/> Football Practice Field
<input type="checkbox"/> EMS Auditorium	<input type="checkbox"/> Practice Gym (OA)	<input type="checkbox"/> JV Baseball Field
<input type="checkbox"/> Lecture Hall	<input type="checkbox"/> Gym (EMS)	<input type="checkbox"/> JV Soccer Field
<input type="checkbox"/> Classroom(s)	<input type="checkbox"/> Gym Annex (EMS)	<input type="checkbox"/> Wall Field
<input type="checkbox"/> Library/Media Center	<input type="checkbox"/> Gym (Richardson-Olmsted)	<input type="checkbox"/> Men's Softball Field
<input type="checkbox"/> Cafeteria/Cafetorium	<input type="checkbox"/> Dance/Exercise Room	<input type="checkbox"/> Parkview Main Field Soccer
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Weight Room	<input type="checkbox"/> Parkview Main Field Softball
<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Locker Room(s)	<input type="checkbox"/> Parkview Upper Field
	<input type="checkbox"/> Restrooms	<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 _____
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**