

**CARLISLE PUBLIC SCHOOL
CARLISLE, MASSACHUSETTS**

APPLICATION FOR USE OF SCHOOL FACILITIES

(Must be filed at least 10 days prior to requested date)

ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE #: (H) _____ (W) _____ (E-mail) _____

NOTE: ONLY ONE APPLICATION NEEDS TO BE FILED EACH YEAR FOR YOUR ORGANIZATION. ADDITIONAL DATES MAY BE REQUESTED AT ANYTIME BY CALLING THE WILKINS MAIN OFFICE AT (978) 369-6550.

REQUEST USE OF THE FOLLOWING SPACE (S):

- | | |
|--|---|
| <input type="radio"/> ROBBINS BUILDING – COMMUNITY ROOM (20-45 PEOPLE) | <input type="radio"/> KITCHEN - COREY BLD. |
| <input type="radio"/> MUSIC ROOM - COREY BLD. (25-75 PEOPLE) | <input type="radio"/> GYM - COREY BLD. |
| <input type="radio"/> AUDITORIUM/STAGE (387 PEOPLE) | <input type="radio"/> LOCKER ROOMS – COREY BLD. |
| <input type="radio"/> EXERCISE ROOM (50-100 PEOPLE) | <input type="radio"/> DINING ROOM (200 PEOPLE) |

FOR THE FOLLOWING DATE: _____
(IF MORE THAN ONE DATE IS REQUESTED PLEASE ATTACH A COMPLETE SCHEDULE)

TIME BUILDING NEEDS TO BE OPENED: * _____ **AM/PM**

TIME MEETING OR EVENT WILL START: _____ **AM/PM**

TIME BUILDING/AREA WILL BE VACANT: _____ **AM/PM**

*** IMPORTANT!!!!!!! PLEASE INDICATE THE TIME THAT THE FIRST PERSON WILL NEED TO GET INTO THE BUILDING!!!!!!!**

PLEASE NOTE: DUE TO THE HOUSEKEEPING SCHEDULE ALL BUILDING USE MUST END AND THE BUILDING VACATED PROMPTLY AT 10:00 PM. GROUPS USING THE BUILDING PAST THIS TIME WILL BE ASSESSED CUSTODIAL OVERTIME COSTS.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. WHICH USER CATEGORY SHOULD APPLY TO YOUR ORGANIZATION? (CHECK ONE)

- ___ **A. SCHOOL & SCHOOL AFFILIATED PROGRAM (NO FACILITY USE CHARGE)**
- ___ **B. TOWN & TOWN AFFILIATED PROGRAM (NO FACILITY USE CHARGE)**
- ___ **C. LOCAL (CARLISLE) NON-PROFIT ORGANIZATION (FACILITY USE CHARGE)**
IMPORTANT: Please submit with this application a certification of general liability insurance policy in the amount of at least \$1,000,000
- ___ **D. LOCAL POLITICAL ACTION ORGANIZATION (FACILITY USE CHARGE)**
IMPORTANT: Please submit with this application a certification of general liability insurance policy in the amount of at least \$1,000,000
- ___ **E. BUSINESS (FACILITY USE CHARGE)**

2. WILL YOU REQUIRE THE USE OF THE ELEVATOR IN THE COREY BUILDING? _____
3. WILL YOU REQUIRE THE USE OF ANY SCHOOL EQUIPMENT OR SYSTEMS? _____
4. IS THE MEETING OR EVENT OPEN TO THE PUBLIC? _____
5. WILL YOU REQUIRE THE USE OF THE SIGN BOARD? _____
(Contact the Wilkins office for sign out)
6. IS THE ORGANIZATION MADE UP OF CARLISLE RESIDENTS? _____
7. IS ADMISSION TO BE CHARGED? _____
8. FUNDS, IF ANY, OBTAINED FROM ADMISSION FOR THIS EVENT WILL BE USED FOR THE FOLLOWING PURPOSES: _____
9. PLEASE LIST THE NAME AND ADDRESS OF THE INDIVIDUAL PERSONALLY RESPONSIBLE FOR THE PAYMENT OF BILLS. (PLEASE PRINT)

NAME: _____ TELEPHONE _____ E-Mail _____

ST. / P.O. BOX: _____ TOWN: _____ ZIP: _____

NOTE: ALL CHECKS ARE TO BE MADE PAYABLE TO: TOWN OF CARLISLE - FACILITY USE ACCOUNT.
83 School Street, Carlisle, MA 01741

10. PLEASE READ & SIGN:

I HAVE READ AND UNDERSTAND THE POLICY ON THE USE OF SCHOOL FACILITIES AND THE FACILITY USE RULES, REGULATIONS AND PROCEDURES DATED December 4, 2013. I AGREE TO OBSERVE ALL RULES, REGULATIONS AND PROCEDURES LISTED THEREIN. IN ADDITION, IF THIS USE IS GRANTED, THE UNDERSIGNED ORGANIZATION, AGREES TO FURNISH, AT OUR EXPENSE, POLICE OR OTHER PROTECTION WHICH THE CIRCUMSTANCES OR THE SCHOOL COMMITTEE MAY REQUIRE, AND TO REIMBURSE THE TOWN FOR ANY DAMAGES WHICH MAY BE DONE TO THE BUILDING, CONTENTS, OR GROUNDS. IN ADDITION WE AGREE TO PAY FOR ALL CUSTODIAL CHARGES INCURRED AS A RESULT OF THE USE OF THE FACILITIES. THE UNDERSIGNED ASSURES THE CARLISLE SCHOOL COMMITTEE THAT IT SHALL OBSERVE AND ENFORCE ALL RULES AND REGULATIONS REGARDING PUBLIC SAFETY AND ASSEMBLY AND THAT THERE SHALL BE NO MORE PEOPLE ASSEMBLED IN THE AUDITORIUM THEN THERE ARE SEATS. ALL AISLES AND CORRIDORS SHALL BE KEPT OPEN AND FREE FOR EGRESS AT ALL TIMES.

SIGNED: _____ DATE: _____

ORGANIZATION: _____

APPROVED BY: _____ DATE: _____

Facility Manager

FOR OFFICE USE ONLY: USER CATEGORY: _____

INSURANCE CERTIFICATE: _____

CUSTODIAL CHARGES: _____

FACILITY USE CHARGES: _____

STAGE LIGHTING DETAIL: _____

NOTES: