SOMERSET BERKLEY REGIONAL SCHOOL DISTRICT
HIGH SCHOOL FACILITIES USE APPLICATION
(This form must be filled out completely. Please print or type clearly.)

WE ASK THAT YOU, YOUR STAFF AND ATTENDEES RESPECT OUR SCHOOL AND FACILITIES DURING YOUR BUILDING USE.

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th>Name of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please check one:**
- Class 1 School or Municipal Group Sponsored
- Class 2 In District Non-Profit Community Organization (501(c)(3) form is required)*
- Class 3 In District for Profit Making Community Organization*
- Class 4 Outside Group (Not In-District) for Non-Profit (501(c)(3) form is required)
- Class 5 Outside Group (Not In-District) Profit Organization

**Contact Information:**

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Cell Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Event Details:**

**Name of Event:** ____________________________ **Date(s) of Event:** __________________

In the section below, please fill out information pertaining to the dates you will be using our facility for this event. Each day you are requesting use should have a designation (e.g. rehearsal, set up, practice, etc) as to what activities are occurring that day. These days should be consecutive and pertain only to this specific event. This is not for multiple events. If you are requesting more than 3 consecutive dates, please use a separate sheet of paper and submit it with your application.

**Day (1) Occurrence:** __________________________________________________________

<table>
<thead>
<tr>
<th>Date:</th>
<th>Estimated # of Attendees**:</th>
<th>Entrance Time into Building:</th>
<th>Exit Time from Building:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Start Time:</th>
<th>Event End Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Day (2) Occurrence:** __________________________________________________________

<table>
<thead>
<tr>
<th>Date:</th>
<th>Estimated # of Attendees**:</th>
<th>Entrance Time into Building:</th>
<th>Exit Time from Building:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Start Time:</th>
<th>Event End Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1
Day (3) Occurrence: ________________________________

Date: ___________  Estimated # of Attendees**: ___________________

Entrance Time into Building: _______________  Exit Time from Building: _______________

Event Start Time: ___________  Event End Time: ____________

* see bullet #12 on page 4 of application
** events over 200 require meeting with school resource officer prior to approval

Facilities Being Requested:

1. **School Room(s)**: (check all that apply)

   - ___ Performing Arts Center
   - ___ Gymnasium
   - ___ Student Dining Center
   - ___ Music Room
   - ___ Library
   - ___ Computer Lab
   - ___ Locker Room(s)
   - ___ Art Gallery
   - ___ Kitchen
   - ___ Conference Room
   - ___ Classroom(s)
   - ___ Language Lab

   Check here if requesting a **Multi-Night Package** (includes Performing Arts Center, Student Dining Center, Music Room and Locker Rooms). A flat fee will be charged of $400 per night.

2. **Athletic Space(s)**: (check all that apply)

   - ___ Turf Stadium w/o Lights
   - ___ Turf Stadium w/Lights
   - ___ Soccer Fields
   - ___ Concession Stand
   - ___ Baseball Fields
   - ___ Softball Fields
   - ___ Tennis Courts
   - ___ Outdoor Track
   - ___ Indoor Track

3. **Additional Service(s) Needed**: (note number of each item needed)

   - ___ Microphone(s)
   - ___ Cable(s)
   - ___ Stage Lights
   - ___ Podium(s)
   - ___ Screen
   - ___ Television
   - ___ DVD Player
   - ___ Extension Cord(s)
   - ___ Overhead Projector(s)
   - ___ Computer/Laptop
   - ___ Projector
   - ___ Tables, lighting, chairs, custodial
   - ___ Cafeteria Services (required if using the kitchen)

Renter must pay the cost of at least one (1) custodian to be present during the entire event(s) however, additional custodians may be required depending on the number of people expected.

This section to be completed by Somerset Berkley Regional High School Staff:

<table>
<thead>
<tr>
<th>Custodial Hours (minimum 2 hours)</th>
<th>Light/Sound Operator Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon.-Sat. # ______ Cust. for _____ Hrs. @ $35.00/Hr.</td>
<td>Mon. - Sun. # _____ Oper. for _____ Hrs. @ $50.00 /Hr.</td>
</tr>
<tr>
<td>Sunday # ______ Cust. for _____ Hrs. @ $55.00/Hr.</td>
<td></td>
</tr>
</tbody>
</table>
If an event has more than 200 expected in attendance, the renter must contact the Somerset Police Department (508) 679-2138, to order a Police detail for safety reasons. The Somerset Police Department will invoice the renter directly for the service. The renter should inform the Administration of the details of the security arrangement prior to event.

Please list any special requests for your event not included above: __________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

_________________                                                                                               ________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Once the application is completed, please return to the High School for review and approval, along with a copy of your certificate of liability insurance documentation. Your certificate of liability must name Somerset Berkley Regional High School as an insured and be valid through the date(s) of your event.

The Somerset Berkley Regional School District will contact you in a timely manner regarding the status of your application, at which point we will set up a meeting between the responsible party and the SBRHS administration. If you have any questions, please contact the high school at 508-324-3115

Facility Use Agreement

If the above permission is granted, we hereby agree to comply with all of the rules and regulations set forth in the Somerset Berkley Regional School District Facility Use Policy.

Signature of Requester ____________________________________________

Name ____________________________________________ Date ______________

Administrator’s Approval ____________________________________________

Name ____________________________________________ Date ______________

Business Manager’s Approval ____________________________________________

Name ____________________________________________ Date ______________

Superintendent’s Approval ____________________________________________

Name ____________________________________________ Date ______________

This form will become a binding contract upon approval from all above-named parties and confirmation of this request.

The invoice for applicable rental fees for your usage will be sent to you upon approval and confirmation of this application. A 50% deposit is due within 14 days from date of invoice. Please make checks payable to “Somerset Berkley Regional School District”. Please list date of rental on your check. Online payment is also available at https://unipaygold.unibank.com under the Facility Use Rental section. A small processing fee may apply. Please submit check to:

Somerset Berkley Regional School District
Attn: Treasurer
580 Whetstone Hill Road
Somerset, MA 02726

For Office Use Only: Copy of Insurance Policy on File _________________________ (please initial/date)