

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 DURING YOUR BUILDING USE.

Today's Date

Name of Organization

Street Address

Town

State

Zip Code

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 Organization
- Class 4 Outside Group Non-Profit Community Organization (501(c)(3) form is required)
- Class 5 Outside Group For Profit Organization (Not In-District)

Contact Information:

First Name, Last Name

Title

Email

Street Address

Town

State

Zip Code

Telephone Number

Cell Phone Number

Fax Number

Event Details:

Name of Event:

Date of Event:

Estimated Attendance:

Entrance Time into Building:

Event Start Time:

Event End Time:

Exit Time from Building:

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

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Music Room | <input type="checkbox"/> Library | <input type="checkbox"/> Computer Lab |
| <input type="checkbox"/> Locker Room | <input type="checkbox"/> Art Gallery | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Classroom | <input type="checkbox"/> Language Lab |

Additional: please describe _____

2.) Athletic Space(s) Requested: (please specify) _____

3.) Additional Services needed: (please check all that apply)

- Microphone(s)
- Microphone Cable (s)
- Podium(s)
- Portable Screen
- Television
- DVD Player
- Extension Cord(s)
- Overhead Projector(s)
- Computer/Laptop
- LCD Projector & Accessories
- Stage Lights
- Custodial (tables, lighting, chairs, custodial assistance, etc.)
- Cafeteria Services (required if using the kitchen)

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

Once application is completed, please return to the below address for review and approval. Also include a copy of your insurance document with your application.

**Somerset Berkley Regional School District
Attention: Facility Use
625 County Street
Somerset, MA 02726**

The Somerset Berkley Regional School District will contact you in a timely manner regarding the status of your application. If you have any questions, please contact the High School at 508-324-3115.

Agreement

If the above permission is granted, we hereby agree to comply with the following rules & regulations of the Somerset Berkley Regional School District:

- 1.) *We have read and understand all applicable pages of the Somerset Berkley Regional School District Facility Use Policies.*
- 2.) *We have reviewed the SBRSD Facility Use Fees Schedule and are in agreement with the amount and terms of payment. (Please remit a 50% deposit check within 14 days of the date of the attached invoice, if applicable)*
- 3.) *No smoking, alcoholic beverages and/or controlled substances are allowed in the buildings or on school grounds.*
- 4.) *No food shall be brought to the building unless special permission is granted.*
- 5.) *Nothing shall be advertised, sold, given, exhibited, or displayed on the building without permission of the School Committee.*
- 6.) *The applicant agrees to be responsible for the preservation of order and to make restitution for any damage to, or loss of, school property resulting from the use of this building.*
- 7.) *The School Committee reserves the right to cancel any permission granted.*
- 8.) *The applicant agrees to assume responsibility for accidents resulting in physical harm to person(s) on the property and release the School Committee and its agents from such liability. We release to indemnify the Somerset Berkley Regional School District of any potential liability caused as a result of the event.*
- 9.) *The group is to use only the area for which the permit is granted and during the time period granted.*
- 10.) *The group is to park in designated parking areas. FIRE lanes must not be blocked. Vehicles are not allowed on any grass or areas designated "NO PARKING."*
- 11.) *The area should be cleared of any litter or refuse. Refuse must be placed in appropriate containers.*
- 12.) *The District may request backup documentation when requesting an In-District rental, such as addresses of participants in the organization to ensure 75% of participants live within Somerset or Berkley.*

Signature of Requester _____
Name Date

Principal's Approval _____
Name Date

Business Manager's Approval _____
Name Date

Superintendent's Approval _____
Name Date

Upon receipt of approval and confirmation of this request, THIS FORM WILL BECOME A BINDING CONTRACT.

Attached is the invoice for applicable rental fees for your rental. 50% deposit is due within 14 days of date of this 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)