

ROCKPORT PUBLIC SCHOOLS

24 Jerdens Lane, Rockport, MA 01966

978-546-1204 Fax 978-546-1205

REQUEST FOR USE OF SCHOOL FACILITIES

(To be submitted at least 10 days before the event)

ORGANIZATION: _____

REPRESENTATIVE: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

Ed	___
Mary	___
Tech	___
Nancy	___
EL office	___
MS office	___
Comm.Schls.	___
Other	___

ACTIVITY TO BE SCHEDULED: _____

FACILITY/ROOM REQUESTED: _____

DATE(S) REQUESTED:

DAY: _____ DATE: _____ BEGINNING TIME: _____ ENDING TIME: _____

(THESE TIMES SHOULD INCLUDE SETUP AND CLEANUP)

(*Please indicate 2nd choice and/or multiple dates, if applicable. Use reverse side if necessary)

THE BASIC AUDITORIUM CHARGES INCLUDE USE OF *STAGE LIGHTS AND BATHROOMS. THERE IS AN EXTRA CHARGE FOR EQUIPMENT AND SERVICES. PLEASE LIST YOUR REQUIREMENTS.

(*stage lights must be operated by approved personnel only)

School Personnel _____ (check below all that apply)

Equipment 1) _____ 2) _____ 3) _____

Food and drink are not allowed in the Auditorium and can only be served and eaten in the Lobby.

The following special services are required for the duration of use: (please indicate # persons)

SCHOOL CUSTODIAN @ \$35/HR _____ (minimum charge of 3 hours coverage)

CAFETERIA PERSONNEL @ \$35/HR _____ STUDENT INTERN @ \$20/HR _____

TECH PERSONNEL: @ \$35/HR _____ POLICE PROTECTION: _____
(provided at user expense Rockport Police)

TOWN SIGN PERMIT: _____ (secured from Town Hall)

If extensive cleaning is required after an event, the applicant will be charged at the hourly rate.

LIABILITY INSURANCE, MINIMUM OF \$1,000,000.00 MUST BE PROVIDED,
NAMING THE "TOWN OF ROCKPORT" AS "ADDITIONAL INSURED".

FOR NON-SCHOOL USE: A NON-REFUNDABLE APPLICATION FEE OF \$10.00 MUST BE SUBMITTED WITH THIS FORM
MAKE CHECK PAYABLE TO: "Rockport Community Schools"

Superintendent's Signature _____ DATE _____