

Hamilton-Wenham Regional School District Request for Use of School Facilities

Submit form to: District Facilities Coordinator HWRHS, 775 Bay Road, Hamilton, MA 01982

Applicant Information

Name of Organization:

Name of Responsible Individual:

Address:

Tel. #:

Cell #

E-Mail:

Date(s) Requested:

Building Entry Time:

Event BEGINS At:

Event ENDS At:

Expected Attendance:

Admission Charge: Yes No

Purpose of Facility/Field Use:

(for office use only)

Facility:

Room:

Date(s) of event:

Category:

Principal approval:

Fine Arts approval:

Kitchen:

Custodian:

Confirmation:

CC:

Entered into EK:

Final invoiced fee:

Date invoice sent:

Select Area(s) Requested:

- | | | | | |
|--|--|---|--|-----------------------------------|
| <input type="checkbox"/> High School | <input type="checkbox"/> Middle School | <input type="checkbox"/> Buker | <input type="checkbox"/> Cutler | <input type="checkbox"/> Winthrop |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Classrooms (s) | <input type="checkbox"/> Gymnasium | |
| <input type="checkbox"/> Playing Field | <input type="checkbox"/> Kitchen* | <input type="checkbox"/> Field | <input type="checkbox"/> Multipurpose Room | |
| <input type="checkbox"/> MS/HS Library | <input type="checkbox"/> Other (be specific) | | | |

** Requires kitchen form (obtained from district Food Services Director)*

Select Equipment Requested:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Tables | <input type="checkbox"/> Chairs |
| <input type="checkbox"/> Microphone* | <input type="checkbox"/> Spotlight* |
| <input type="checkbox"/> Sound/Lighting* | |
| <input type="checkbox"/> Other | |

**Requires operators at additional charge*

Fee Information

Rental Fees – total is an estimate based on information given prior to use of the facilities. Additional charges may result after use of facilities.

Custodial Fees – reflect the need for custodial hours (time & _ on weeknights, double time on Sundays & holidays) and include a minimum of three hours per custodian.

Rental Fee Calculation:

(office Use Only)

Auditorium \$

Gymnasium \$

Classroom (s) \$

Custodial \$

Kitchen \$

Other \$

Room fee (s):

X number of hours =

X number of days =

X percentage =

Rental fee:

Rental fee (above):

+ Custodial fees =

+ Kitchen fees =

Total fee for event:

Applicant Understanding

I accept responsibility for fee(s), supervision, damage, and compliance with the facility use requirements of the Hamilton-Wenham Regional School District. I understand that a custodian is required _ hour before entering the building. A food service worker is required for any use of the kitchen (kitchen form must be completed) and, when necessary, police may be required. Police will arrive _ hour before scheduled event.

Note: The use of school facilities is subject to existing policies and regulations and, as school purposes are primary, the school authorities reserve the right to cancel any contract.

Please note:
A Certificate of Liability Insurance is required.

Signature of Applicant & date