

Georgetown School Department

USE OF FACILITY APPLICATION Calendar Year _____

PLEASE READ POLICY AND PRICING BEFORE COMPLETING

Organization Requesting Use: _____ Today's Date: _____

Contact Name: _____ Daytime Phone: _____ Evening Phone: _____

Contact email Address: _____

Mailing Address: _____

Date(s) of Use: _____

Time of Use: _____ Set up Time (If needed): _____

Describe the event: _____

_____ No. of people: _____

Will general public be present? Yes _____ No _____ Admission to be charged, if any: \$ _____

Is this a Non-Profit Organization? Yes _____ No _____ Is this a For Profit Organization: Yes _____ No _____

A police officer may be required for any event. This cost is to be paid by the using organization.

BELOW PLEASE INDICATE ALL AREAS OF THE BUILDING BEING REQUESTED

Perley Elementary School

- Conference Room
Gym
Cafeteria
Kitchen*
Library
Music Room
Art Room
Teachers Lunchroom
Other
(specify)
Fields:

Penn Brook Elementary School

- Conference Room
Gym
Cafetorium
Kitchen*
Library
Music Room
Art Room
Teachers Lunchroom
Other
(specify)
Fields:

Georgetown Middle/ High School

- Guidance Conference Room
Gym Large Small
Cafeteria
Kitchen*
Library
Music Room
Art Room
Auditorium*
Teachers Workroom
Other
(specify)
Fields:

*Special Instructions for use of Kitchen and Auditorium

Kitchen (Additional facility use fee is required if kitchen will be needed in order to staff with persons with equipment knowledge.

If food is going to be served, please describe arrangements for its preparation and serving:

Auditorium (For Middle/High School): If yes, please be specific about what equipment, tables, audio visual equipment, screen down, or other details to help make your event a success

IMPORTANT INFORMATION (Updated version 12-12-16)

Custodians are on regular duty in each school building throughout the day and evening from Monday through Friday. Please do not take the custodians away from their regular schedule unless it is absolutely necessary.

***NOTE:** At the Middle/High School and at Penn Brook School, all meetings/events **MUST CONCLUDE** by 10 PM; and at Perley School, by 6:30 PM (unless special arrangements have been made).

A facilities usage fee (**See attached rate sheet**) per hour will be charged and a deposit of \$100.00 is required with this application to be applied against the usage fee. Exceptions will be waived by the Superintendent only. A \$35.00 custodial fee per hour will be charged when a custodian is not regularly scheduled to work. The custodial fee applies to all organizations.

A custodian **must** be on duty anytime the school facilities are in use by non-school groups. If facilities are requested for times when custodians are not regularly scheduled to work, the requesting group **will be charged \$35 per hour** as stated above for the custodian assigned to the event. For particular events, added custodians and/or cafeteria personnel and/or police may be required. Fees will be billed according to time sheets provided for custodial staff on duty for the entire event including set up times. Such charges will be billed to the person named on the reverse side at the address listed. All charges are to be paid within 15 days of the date of the invoice.

The undersigned, as the individual responsible for the supervision and care of the facility and legal representative of the requesting group or organization, acknowledges review and acceptance of School Committee policies KF and KF-R (Community Use of Facilities). The undersigned, and the above-named organization/group agrees to release, indemnify and hold harmless the Georgetown School Department and the Town of Georgetown, its agents and employees from all liability for any damages or injuries sustained while using the facility.

Signature _____

Date _____

For Office Use:

Principal: **Approved** _____ **Disapproved** _____ Date: _____ Signature: _____
Reason if disapproved: _____

If athletic field or gymnasium:

Athletic Director: **Approved** _____ **Disapproved** _____ Date: _____ Signature: _____
Reason if disapproved: _____

If kitchen is requested:

Food Services Director: **Approved** _____ **Disapproved** _____ Date: _____ Signature: _____
Reason if disapproved: _____

Superintendent's Office: **Approved** _____ **Disapproved** _____ Date: _____ Signature: _____
Reason if disapproved: _____

Fee to be charged, if any: _____

FEE INFORMATION

The following indicates the fees which will be charged to the using organization:

Facility Fee: _____

Custodial Fee: _____

Balance due by: _____

**A Certificate of Insurance will be required for non-school groups.
An application will be approved and mailed to the person named above.**