

**BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT
APPLICATION FOR USE OF SCHOOL FACILITIES/GROUNDS & EQUIPMENT**

(Before completing, please read attached conditions of use)

DIRECTIONS TO APPLICANT: Complete and submit application to the Principal's or the Superintendent of School's designee. The Principal's and Superintendent's signature on the original constitutes a contract for the applicant's use of facilities, grounds or equipment as specified below.

Name of the Group: _____

Applicant's Name: _____ Applicant's E-Mail: _____

Applicant's Address: _____
(Billing Address) (Street) (City) (State) (Zip)

Applicant's Phone #: _____
(Home) (Work) (Fax)

Specify the Facilities/Grounds/Equipment Requested: _____
(i.e. cafeteria, kitchen, auditorium, classroom, etc.)

Specify the Equipment Being Requested: _____
(i.e. projectors, computers, laptops, pianos, etc.)

Purpose of Use: Practice Performance Other: _____

Date Beginning: _____ Time Beginning: _____ a.m. p.m.
(Day of Week) (Complete Date)

Date Ending: _____ Time Ending: _____ a.m. p.m.
(Day of Week) (Complete Date)

What time will Facility be needed for your preparation? _____ Clean-up by District Yes or No: _____

Anticipated number of persons to be in attendance: _____ Fee to be charged to those attending: _____

Please read carefully: On behalf of the above organization, I hereby certify that I have read and understand the conditions of rental attached to this application. I agree to provide adequate adult supervision at all times during the use of the facility. I will assume responsibility for all fees, charges and damage claims resulting from such use of facilities.

Applicant's Signature: _____ Date: _____

PRINCIPALS APPROVAL SIGNATURE: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE DISTRICT OFFICE

BEFORE USE:

Civic: _____ Non Civic: _____ Rental Fee: _____ Certificate of Insurance Required: _____

Custodial: _____ Cafeteria: _____ Technician(s): _____ Food Worker: _____

Space and time reserved on: _____ by: _____

Comments: _____

APPROVAL OF SUPERINTENDENT'S OFFICE (DESIGNEE) _____

Distribution of Copies: Applicant Principal Assistant Principal Custodian Business Office
Food Services Auditorium Manager Other: _____

AFTER USE:

Rental Fee: _____ Service Fee: _____ Repair Charges: _____

Charged to Account: _____ Auditorium: _____ Grounds: _____

Equipment: _____ Other: _____