

NORTH MIDDLESEX REGIONAL SCHOOL DISTRICT
SCHOOL BUILDING, FACILITIES AND FIELD USE REQUEST FORM

EVENT INFORMATION

AFTER HOURS AND WEEKEND FEE SCHEDULES

 Name of Organization Requesting Use

 Contact Person

 Address

 Telephone

	School Group		Town Youth Group		Non-Profit Group	
	Sat	Sun	Sat	Sun	Sat	Sun
Athletic Fields*	\$40	\$50	\$40	\$50	\$50	\$70
Facility Use**	\$40	\$50	\$40	\$50	\$50	\$70

Field Marking 2-4 hr minimum depending on field.

***** 2 hour minimum on Saturday and Sunday
 4 hour minimum on Holidays*****

Athletic fields with custodial support

Multiple rooms or large groups may be charged for additional space (determined at time of request)

Non-Profit Fund Raising
 Events during normal working hours the cost would be \$1.00 per person plus clean up, if needed, at hourly rate listed above.

Anticipated # of people: _____

I have read and will abide by the North Middlesex Regional School District's Community Use of School Buildings and Facilities Policy and Regulations. My Organization will pay the fees listed below no later than fourteen (14) days after receipt of an invoice. My Organization will indemnify and hold harmless the School District, its School Committee and employees from all loss, damage, claims and liabilities relating to or arising from the use of the property or facilities of the District.

Signature _____

CAMP FEES

For all camps that are run during school vacations or summer breaks, but take place Mon-Fri. during normal custodial hours, a fee will be levied on the Camp gross at 20%. (N.M.R.S.D. reserves the right to verify participation.) This will take the place of space rental and custodial fees. However, if the program takes place outside the normal custodial work shifts, custodial fees will be added to this percentage.

APPROVAL SIGNATURES

 Event/Activity

 Explanation of Activity/Fundraiser

 Date(s)

 Activity Time

 Beginning (set-up) and Ending (clean-up) Hours

 Audience

 Estimate # of Participants

 Desired Location: School

 Room/Field

_____ ATHLETIC DIRECTOR	_____ DATE
_____ BLDG. & GRNDS. SUPERVISOR	_____ DATE
_____ BUILDING PRINCIPAL	_____ DATE

ORGANIZATION CATEGORY

NMRSD Organization _____
 Ashby-Pepperell-Townsend based
 Non-Profit Organization _____
(Please provide FIN #) _____
 Other Organization _____
 Audio Visual Equipment Required: _____
 Police Supervision Required: Yes _____ No _____
 (This cost is not included in School Fee.)

***Individuals/groups are held responsible to follow all fire and police safety requirements.**

*Additional fees may be incurred after the event if the facility is not found in acceptable condition or if damage occurs. These charges will be determined by the Building Principal and/or the Superintendent of Schools.

****Please attach Insurance Binder!**