SOMERSET PUBLIC SCHOOLS - FACILITIES USE APPLICATION

(This form must be filled out *completely*. Please print or type clearly)

RENTAL IS CONTINGENT ON THE DISTRICT SECURING A STAFF MEMBER AVAILABLE TO WORK THE EVENT (IF REQUIRED)

_____ _____

Today's Date Name of Organization

_____

Street Address Town State Zip Code

Please check one:

- ☐ Class 1 School or Municipal Group Sponsored
- ☐ Class 2 In District Non-Profit Community Organization (501(c)(3) form is required)*
- ☐ Class 3 In District for Profit Making Community Organization
- ☐ Class 4 Outside Group (Not In-District) for Non-Profit (501(c)(3) form is required)*
- ☐ Class 5 Outside Group (Not In-District) Profit Organization

Contact Information:

_____

First Name, Last Name Title Email

_____

Street Address Town State Zip Code

_____

Telephone Number Cell Phone Number Fax Number

Event Details:

Building or Facility Requested (please check one):

Somerset Middle School ___
North Elementary School ___
Chace Street Elementary School ___
South Street Elementary School ___

Name of Event:_____

Date of Event:_____ Estimated Attendance:_____

Entrance Time into Building:_____

Event Start Time:_____

Event Exit Time from Building:_____

End Time:_____

** see bullet #13 on page 3 of application.*

School Room(s) Requested: (please check all that apply)

___ Auditorium ___ Gymnasium ___ Cafeteria (w/ food)
___ Music Room ___ Library ___ Computer Lab
___ Classroom

___ Additional: please describe_____
_____

1.) Athletic Space(s) Requested: (please specify) _____
_____
_____
_____

2.) Additional Services needed: (please check all that apply)

____ Microphone(s)
____ Microphone Cable (s)
____ Podium(s)
____ Portable Screen
____ Television
____ DVD Player
____ Extension Cord(s)
____ Overhead Projector(s)
____ Computer/Laptop
____ LCD Projector & Accessories
____ Stage Lights/Sound System
____ Custodial (tables, lighting, chairs, custodial assistance, etc.)
____ Cafeteria Services (required if using the kitchen)

Please list any specific special requests for your event not included above: _____
_____
_____
_____
_____

Once application is completed, please return to the below address for review and approval. Include a copy of your certificate of insurance with the certificate holder listed as 'Somerset Public Schools'

Somerset Public Schools
Attention: Facility Use, Superintendents Office
580 Whetstone Hill Road
Somerset, MA 02726

The Somerset Public Schools will contact you in a timely manner regarding the status of your application. If you have any questions, please contact the Administrative Assistant to the Superintendent at 508-324-3100 ext. 5.

Agreement

If the above permission is granted, we hereby agree to comply with the following rules & regulations of Somerset Public Schools:

1.) *We have read and understand all applicable pages of the Somerset Public Schools Facility Use Policies.*
2.) *We have reviewed the SPS Facility Use Fees Schedule and are in agreement with the amount and terms of payment. (Please remit a 50% deposit check within 14 days of the date of the attached invoice, if applicable)*
3.) *No smoking, alcoholic beverages and/or controlled substances are allowed in the buildings or on school grounds.*
4.) *No food shall be brought to the building unless special permission is granted.*
5.) *Somerset Public Schools requests that the individual signing the below agreement, also complete the CORI form and return to us with deposit remittance.*
6.) *Nothing shall be advertised, sold, given, exhibited, or displayed on the building without permission of the School Committee.*
7.) *The applicant agrees to be responsible for the preservation of order and to make restitution for any damage to, or loss of, school property resulting from the use of this building.*
8.) *The School Committee reserves the right to cancel any permission granted.*
9.) *The applicant agrees to assume responsibility for accidents resulting in physical harm to person(s) on the property and release the School Committee and its agents from such liability. We release to indemnify Somerset Public Schools and the Town of Somerset of any potential liability caused as a result of the event.*
10.) *The group is to use only the area for which the permit is granted and during the time period granted.*
11.) *The group is to park in designated parking areas. FIRE lanes must not be blocked. Vehicles are not allowed on any grass or areas designated "NO PARKING."*
12.) *The area should be cleared of any litter or refuse. Refuse must be placed in appropriate containers.*
13.) *If applying for In-District status, we certify that 75% of more of the participants in the event are residents of Somerset, MA.*

*Signature of Requester*_____
Name *Date*

*Principal's Approval*_____
Name *Date*

*Director of Business and Finance Approval*_____
Name *Date*

*Superintendent's Approval*_____
Name *Date*

Upon receipt of approval and confirmation of this request, THIS FORM WILL BECOME A BINDING CONTRACT.

Attached is the invoice for applicable rental fees for your rental. 50% deposit is due within 14 days of date of this invoice. Please make checks payable to "Town of Somerset". Please list date of rental on your check. Please submit check to:

Somerset Public Schools
Attn: Superintendents Office
580 Whetstone Hill Road
Somerset, MA 02726

For Office Use Only: *Copy of Insurance Policy on File _____ (please initial)*