EASTON PUBLIC SCHOOLS Facility Usage Request Form

This form must be completed in its entirety before submission. Any missing information will cause a delay in processing. Please Print Clearly Or Type:

| Name of Applicant | | Name of Organization (Required) | | |
|---|--|--|---|---|
| \underline{M} ailing Address | | Phone Number | | E-mail Address |
| City/ State/Zip Code | | Signature of Authorized Applicant Date | | |
| Date(s) Requested (Please list) | | Day(s) Of Wee | k (Please list) | |
| Entrance time to facility: Start time | of activity: End | time of activity: | Exit time f | rom facility: |
| I have read this Agreement and the Conditions of U observance of all regulations, and all terms hereof. time the Facility Application is submitted <u>unless oth</u> available on school grounds and access to the device my responsibility to provide a trained AED provider AED. I understand EPS has no responsibility or liabil | I/we agree to a RENTAL FEE C er arrangements are agreed upor e is conditioned on a conversation : Furthermore, I accept, on beh lity concerning use, misuse, or fa | DF(n in advance. I unc n with the school pr alf of my organiza ilure to use the AEI | plus services). A DEP lerstand that an Automat incipal regarding the loc tion, all liability concern D during the term of faci | OSIT of \$ to be paid at the ed External Defibrillator (AED) may be eation of the device, the rules of use, and use the use, misuse, or failure to use the lities usage described in this agreement. |
| ORGANIZATIONS USIN | | | | |
| SCHOOL REQUESTED: H Oliver Ames High School | COUIPMENT/SERVICE: Custodian(s) Food Service House Manager Lighting/Sound Tech Stage Hand Overhead Projector/ Tables and Chairs (# | nnician Video/LCD | Town/Muni Community For Profit | nsored/Related cipal |
| Dalrymple Performing Arts Center Dressing Room EMS Auditorium Lecture Hall Classroom(s) Library/Media Center Cafeteria/Cafetorium Kitchen Other (specify below) | Atrium Nixon Gym (OA) Practice Gym (OA) Gym (EMS) Gym Annex (EM) Gym (Richardson Dance/Exercise F Weight Room Locker Room(s) Restrooms | A) S) n-Olmsted) | Varsity So UV Softba UV Softba | l all Field r Field ıletic Field oftball |
| TYPE OF ACTIVITY: | DINGPRICE | OF ADMISSION (| | |
| APPROVE/INITIAL & DATE: YesN PAC M (when appli Reservation Deposit Security Deposit | o Yes No gr Athletic Dir cable) (when application) Insurance Release | | | 0 |