

# BROCKTON PUBLIC SCHOOLS REQUEST FOR USE OF SCHOOL FACILITIES

FACILITY RENTAL OFFICE, 43 CRESCENT STREET, BROCKTON, MA 02301, TEL. 508-580-7597, FAX: 508-894-4392

**PLEASE PRINT CLEARLY. THIS FORM MUST BE COMPLETELY FILLED OUT BEFORE SUBMISSION. ANY MISSING INFORMATION WILL CAUSE A DELAY IN PROCESSING. \$ 10.00 NON-REFUNDABLE ADMINISTRATIVE FEE IS DUE AT TIME OF APPLICATION.**

1. _____ CONTACT NAME	2. _____ ORGANIZATION (REQUIRED)
3. _____ CONTACT ADDRESS	4. _____ ORGANIZATION ADDRESS
5. _____ CITY, STATE, ZIP CODE	6. _____ CITY, STATE, ZIP CODE
7. _____ CONTACT PHONE	8. _____ ORGANIZATION PHONE

9. DATE(S) REQUESTED: \_\_\_\_\_ PLEASE CIRCLE: SU M TU W TH F SA  
DATE(S) MUST BE SPECIFIC, IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEET

10. SCHOOL REQUESTED: \_\_\_\_\_

11. FACILITY REQUESTED: No food or drink permitted in any area, except cafeteria/cafetorium

_____ AUDITORIUM	_____ FIELD
_____ BHS LITTLE THEATRE	_____ GYMNASIUM
_____ CAFETERIA/CAFETORIUM	_____ LIBRARY
_____ CLASSROOM(S)	_____ MARCIANO STADIUM
_____ COMPUTER LABORATORY	_____ POOL
_____ FACULTY DINING ROOM	_____ OTHER (Please indicate)

12. TYPE OF ACTIVITY: \_\_\_\_\_

13. APPROX. NUMBER OF PEOPLE ATTENDING: \_\_\_\_\_ PRICE OF ADMISSION\*/PARKING: \_\_\_\_\_/\_\_\_\_\_  
\* All seats must be priced at general admission

14. ENTRANCE TIME TO FACILITY: \_\_\_\_\_ START OF ACTIVITY: \_\_\_\_\_ END OF ACTIVITY: \_\_\_\_\_  
TIME EXITING FACILITY: \_\_\_\_\_

## ORGANIZATIONS USING SCHOOL FACILITIES MUST CONCLUDE THEIR ACTIVITIES BY 10:30 P.M.

15. EQUIPMENT DESIRED:

\_\_\_\_\_ PUBLIC ADDRESS SYSTEM  
\_\_\_\_\_ SPOTLIGHTS  
\_\_\_\_\_ CHAIRS \_\_\_\_\_ NUMBER NEEDED  
\_\_\_\_\_ TABLES \_\_\_\_\_ NUMBER NEEDED  
\_\_\_\_\_ MISCELLANEOUS (Please indicate)

SERVICES NEEDED:

\_\_\_\_\_ CUSTODIAN  
\_\_\_\_\_ FEMALE CUSTODIAN  
\_\_\_\_\_ HOUSE MANAGER  
\_\_\_\_\_ STAGEHAND  
\_\_\_\_\_ POLICE  
\_\_\_\_\_ FIREFIGHTER  
\_\_\_\_\_ CAFETERIA WORKER

### PLEASE READ "RULES AND REGULATIONS GOVERNING FACILITIES"

I have read the Conditions of Use and accept responsibility for the Sponsoring Group. I/We agree to a RENTAL FEE OF \$ \_\_\_\_\_ (plus services), a \$ 10.00 NON-REFUNDABLE ADMINISTRATIVE FEE and a SECURITY DEPOSIT of \$ \_\_\_\_\_ to be paid at the time the facility application is submitted unless other arrangements are agreed upon.

The lessee or user of the facility will hold the City of Brockton and all its agents and representatives harmless from any problem resulting from use of the premises. The lessee must have insurance coverage to cover any personal and/or property claims resulting from the event. A copy of said policy must be produced prior to the event. The lessee or user of the facility agrees to indemnify the City of Brockton for any damages as the result of the use of the premises.

**The Brockton Public Schools reserves the right to cancel any permission whenever, in its discretion, such cancellation seems advisable.**

_____ SIGNATURE and TITLE	_____ DATE
_____ FACILITIES MANAGER	_____ DATE

**NOTE:** Upon approval of this request, THIS FORM WILL BECOME A BINDING CONTRACT.

ADMIN. FEE \_\_\_\_\_ SEC. DEP. \_\_\_\_\_ INS. \_\_\_\_\_ EST. \_\_\_\_\_  
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