

# 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)**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**City/ State/Zip Code**

\_\_\_\_\_  
**Signature of Authorized Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date(s) Requested** (Please list)

\_\_\_\_\_  
**Day(s) Of Week** (Please list)\_\_\_

**Entrance time to facility:** \_\_\_\_\_ **Start time of activity:** \_\_\_\_\_ **End time of activity:** \_\_\_\_\_ **Exit time from facility:** \_\_\_\_\_

I have read this Agreement and the Conditions of Use of Easton Public School property, and accept the responsibility for the sponsoring group for payment of bills, the observance of all regulations, and all terms hereof. I/we agree to a **RENTAL FEE OF** \_\_\_\_\_ (plus services). A **DEPOSIT** of \$ \_\_\_\_\_ to be paid at the time the Facility Application is submitted unless other arrangements are agreed upon in advance. I understand that an Automated External Defibrillator (AED) may be available on school grounds and access to the device is conditioned on a conversation with the school principal regarding the location of the device, the rules of use, and my responsibility to provide a trained AED provider. Furthermore, I accept, on behalf of my organization, all liability concerning the use, misuse, or failure to use the AED. I understand EPS has no responsibility or liability concerning use, misuse, or failure to use the AED during the term of facilities usage described in this agreement.

**ORGANIZATIONS USING SCHOOL FACILITIES MUST ADHERE TO THE TIME APPROVED.**

**SCHOOL REQUESTED:**

- \_\_\_\_\_ Oliver Ames High School
- \_\_\_\_\_ Easton Middle School
- \_\_\_\_\_ Richardson Olmsted School
- \_\_\_\_\_ Blanche Ames (BA)

**EQUIPMENT/SERVICES NEEDED:**

- \_\_\_\_\_ Custodian(s)
- \_\_\_\_\_ Food Service
- \_\_\_\_\_ House Manager
- \_\_\_\_\_ Lighting/Sound Technician
- \_\_\_\_\_ Stagehand
- \_\_\_\_\_ Overhead Projector/Video/LCD
- \_\_\_\_\_ Tables and Chairs (# \_\_\_\_\_)

**CLASSIFICATION:**

- \_\_\_\_\_ School Sponsored/Related
- \_\_\_\_\_ Town/Municipal
- \_\_\_\_\_ Community Groups
- \_\_\_\_\_ For Profit
- \_\_\_\_\_ Philanthropic not-for-profit

**FACILITY REQUESTED:**

- \_\_\_\_\_ Dalrymple Performing Arts Center
- \_\_\_\_\_ Dressing Room
- \_\_\_\_\_ EMS Auditorium
- \_\_\_\_\_ Simmons Lecture Hall (OA)
- \_\_\_\_\_ Classroom(s)
- \_\_\_\_\_ Library/Media Center
- \_\_\_\_\_ Prof Dev Room
- \_\_\_\_\_ Cafeteria/Cafetorium
- \_\_\_\_\_ Small Cafe (BA)
- \_\_\_\_\_ Kitchen
- \_\_\_\_\_ Other (specify below)

- \_\_\_\_\_ Atrium
- \_\_\_\_\_ Nixon Gym (OA)
- \_\_\_\_\_ Practice Gym (OA)
- \_\_\_\_\_ Gym (EMS)
- \_\_\_\_\_ Gym Annex (EMS)
- \_\_\_\_\_ Gym (Richardson-Olmsted)
- \_\_\_\_\_ Gym (Blanche Ames)
- \_\_\_\_\_ Dance/Exercise Room
- \_\_\_\_\_ Weight Room
- \_\_\_\_\_ Locker Room
- \_\_\_\_\_ Restrooms

- \_\_\_\_\_ Muscato Stadium
- \_\_\_\_\_ Wall Field
- \_\_\_\_\_ JV Baseball Field
- \_\_\_\_\_ JV Soccer Field
- \_\_\_\_\_ South Athletic Field
- \_\_\_\_\_ Varsity Softball
- \_\_\_\_\_ Pickleball Courts # \_\_\_\_\_
- \_\_\_\_\_ JV Softball Field
- \_\_\_\_\_ Outdoor Basketball Courts OA
- \_\_\_\_\_ Soccer Field (BA)
- \_\_\_\_\_ Softball Field (BA)
- \_\_\_\_\_ Multi-Purpose Field (BA)

**TYPE OF ACTIVITY:** \_\_\_\_\_

**APPROXIMATE NUMBER OF PEOPLE ATTENDING** \_\_\_\_\_ **PRICE OF ADMISSION (if applicable)** \_\_\_\_\_

**APPROVE/INITIAL & DATE:** Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
**PAC Mgr** **Athletic Director** **Food Service Director** **Building Principal**  
 (when applicable) (when applicable) (when applicable)

Reservation Deposit \_\_\_\_\_ Security Deposit \_\_\_\_\_ Insurance \_\_\_\_\_ Release & Indemnification Form \_\_\_\_\_ Certified Non Profit \_\_\_\_\_

\_\_\_\_\_  
**Superintendent Signature**

\_\_\_\_\_  
**Date**