North Brookfield Public School District
10 New School Drive
North Brookfield, MA 01535
Telephone (508) 867-9821
Fax (508) 867-8148

Application for Use of School Facilities

Name of Organization:_____

Date (s) Requested:_____Group#: 1☐ 2☐ 3☐ 4☐ (see fee schedule for applicable group#)

Time (s) From:_____ To:_____ Building Requested: ☐ NBES ☐ NBHS(please check)

*Event Description: _____

_____

_____

_____

Individual Responsible for payment of bills and the observance of all regulations appearing in regulations in regulations for Use of Facilities:

Name: _____ Address: _____

Telephone (w): _____ (h) _____

Will the Organization be charging an admission fee?

Admission Fee ☐ will ☐ will not be charged (please check)

Please check off your desired facility. Fill in the appropriate fee based on the facilities fee schedule.					
Facility	**Desired**	**Fee**	**Facility**	**Desired**	**Fee**
Auditorium			Kitchen		
Gym			Classroom(s)		
Cafeteria			Athletic Field		
Other:					

Will access to the building be needed? ☐Yes ☐No *If so, a custodial fee may be charged (minimum 3 hours)*

The above reservation does not include any use of the auditorium, gymnasium, or other time other than that specified above. If needed for rehearsal, other preparation, or for cleaning up, please so specify and fill out the following:					
Date of rehearsal	Time from	Time to	Date of other preparation(s)	Time from	Time to

Signature of individual making request_____

The above signature indicates that the individual has read and understands the Use of Facilities policy.

Signature of:

Director of Facilities _____ *Building Principal* _____

*Athletic Director*_____ *Director of Food Services* _____

Business Manager _____ *Superintendent*_____

Date: _____ **Time requested ☐ Is Available ☐ Is Not Available**