

Karen Lawlor  
Facility Coordinator

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# APPLICATION FOR USE OF METHUEN PUBLIC SCHOOL Auditorium Facilities

*This application is subject to the rules and regulations of the Methuen School Committee relative to the use of school buildings. Massachusetts General Law Chap 71 Sec 71. This application does not guarantee use of building. Application is approved if signed by Facilities Coordinator.*

DATE \_\_\_\_\_ Name of Organization/Group \_\_\_\_\_

Organization designation:  Profit  Non profit TYPE OF EVENT \_\_\_\_\_

Certificate of insurance required  Yes  No Is there an admission fee? \_\_\_\_\_

Town license/permit required  Yes  No

GROUP DESIGNATION I II III

DAY OF WEEK	DATES	TIMES	GROUP SIZE INCLUDING PARTICIPANTS AND SPECTATORS

<p><b>BUILDING</b> (check one)</p> <p><input type="checkbox"/> M.H.S.</p> <p><input type="checkbox"/> TENNEY</p>
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Facilities Coordinator approving signature

Date

**SPECIAL NEEDS/REQUIREMENTS:** \_\_\_\_\_

Equipment needs:  Chair  Table (s)  Podium  Microphone (s)  Light bar

Spot lights  TV/VCR/DVD  Sound System  Overhead projector  Projr Screen

Risers  Staging  Bleachers  Flat bed  Other (desc) \_\_\_\_\_

**NOTICE TO RENTER:**

Invoice is to be paid in full at least 3 days prior to event with a check made payable to Methuen Public Schools. Any/all school activity will preempt all other rental requests. The signing of this application shall constitute an agreement to abide by all the rules & regulations governing the use of public school buildings & to accept full responsibility for any/all damage to or loss of school property. Renter is restricted to approved areas only. Door monitors are required when renting gymnasiums and/or auditoriums. Soccer practice/games are NOT allowed. When holding baseball or softball clinics/practice - use of "soft" covered ball ONLY. Representative of group will accompany custodian for inspection before & after event at which time renter agrees to verify hours of event by signing custodial time sheet.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

School affiliation \_\_\_\_\_ Position \_\_\_\_\_ Organization title \_\_\_\_\_

Address \_\_\_\_\_

Tel # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

White - Coordinator

Canary - Principal

Pink - Head Custodian

Goldenrod - Applicant