

Facility Usage Application for the Central Berkshire Regional School District Schools

ORGANIZATION/NAME &
ADDRESS: _____

CAMPUS REQUESTED: BECKET WASHINGTON CRANEVILLE KITTREDGE NRMS WRHS

LOCATION REQUESTED: GYM CAFETERIA LIBRARY CLASSROOM ROOM # KITCHEN OTHER: _____
Provide Description - i.e. field, auditorium etc.

PURPOSE/DESCRIPTION OF INTENDED USE: _____

STARTING DATE OF USE: _____

END DATE: _____

START TIME: _____

END TIME: _____

SPECIFIC SPACE
NEEDS/INFORMATION: _____

Note: additional charges may be assessed based on days and times of usage as well as the type of facilities requested. Additional costs are assessed for custodial support needed after normal operating hours and on weekends. Additional charges are assessed for cafeteria requests requiring kitchen use. Kitchen staff is required for kitchen use requests.

WAIVER OF FEES REQUESTED: YES NO

REASON FOR FEE WAIVER REQUEST: _____

POINT OF CONTACT: NAME: _____ PHONE: _____ CELL: _____
E-MAIL: _____

DIRECT USERS/COACHES NAME: _____ PHONE: _____ CELL: _____

CONTACT INFORMATION: E-MAIL: _____

NAME: _____ PHONE: _____ CELL: _____
E-MAIL: _____

The Undersigned Agrees To:

1. Comply with all Regulations and Policies of the School Committee.
2. Utilize designated parking spaces only. Do not park in designated fire lanes or no parking areas. Violators are subject to ticketing by the local authorities and towing.
3. Utilize only the requested area of the building.
4. No modifications to the school plant, including electrical system allowed.
5. Assume full responsibility for all liability to persons and any damage to, or loss of, property resulting from use of the property.
6. Maintain supervision over all children in your group at all times.
7. Adult coaches, chaperones, etc. must be on site **BEFORE** children arrive.
8. All exterior doors must be secured at all times for safety and security purposes. It is the responsibility of the organization to provide appropriate access/monitoring coverage as needed. The school district will not provide door monitoring during the scheduled event. Doors may not be propped open and if unlocked during an event, organization must monitor.
9. Exit and Emergency door locations must be announced to attendees.
10. If requested, provide required insurance coverage (minimum coverage is \$1,000,000) naming the school district as additional insured. Certificate of Insurance must be submitted to the Assistant Superintendent prior to use of the building. Failure to provide the required binder will result in forfeit of facility request.
11. All fees must be paid within 15 days of invoice.
Please make checks payable to: CBRSD, 254 Hinsdale Rd., PO Box 299, Dalton, MA 01227-0299

IMPORTANT: The district discourages the use of food in our building. Please be aware that food may only be consumed in approved areas (e.g. the cafeteria) to prevent contamination of learning spaces.

****** NO FOOD OR DRINK IS ALLOWED IN THE GYM ******

NAME: _____ SIGNATURE: _____ DATE: _____

FACILITY USE APPLICATIONS AND/OR QUESTIONS SHOULD BE SUBMITTED TO THE PRINCIPAL OF REQUESTED BUILDING.

BUILDING PRINCIPAL APPROVAL: _____ DATE: _____

CENTRAL OFFICE USE ONLY:

FACILITY CHARGES: SPACE RENTAL: _____ CUSTODIAL CHARGE: _____
KITCHEN CHARGE: _____ OTHER CHARGE(S): _____
TOTAL CHARGE: _____

CENTRAL OFFICE SIGNATURE: _____ APPROVED NOT APPROVED

cc: Head Custodian and other department heads as appropriate