



UPPER CAPE COD REGIONAL TECHNICAL SCHOOL

BUILDING USE REQUEST FORM



Name of Organization: _____

Address: _____

Contact Person: _____ Phone: _____

Supervisor of Event: _____ Phone: _____
(If different from Contact Person)

E-mail address: _____

Non-Profit: Profit: Copy of liability insurance: _____
(Please attach to this request form)

Will you be charging participants a fee? _____ If yes, how much per participant? _____

Area Requested: _____ Number of People: _____

Date(s) and Times*: _____
**Please include the time you will arrive as well as the time frame for the event*

Purpose: _____

AV Equipment: Yes: _____ No: _____ If yes, please explain: _____

Special Considerations: _____

THIS SPACE FOR SCHOOL USE ONLY

Fee Charged	Application Reviewed By:
Classroom _____	_____
Computer Lab w/Tech _____	Athletic Director (Fields & Gym) – Benjamin Rabinovitch
Cafeteria _____	_____
Canalside Dining Rm _____	Vocational Director – Nolan LeRoy
Gymnasium _____	_____
Fields _____	Facilities Manager – William Macuch
Conference Room _____	_____
AV Equipment _____	Director of the Practical Nurse Program– Judith Pelletier
AV Personnel _____	_____
Custodial _____	Director of Adult & Continuing Education – Mary Burke
Cafeteria Personnel _____	_____
Multi-Purpose Room _____	Principal - Joshua Greeley
Monitor _____	_____
TOTAL \$ _____	Superintendent - Roger Forget

If necessary, use back of form to calculate.

REV: 07/23

Date invoice sent:	Date payment received:	Date verified via email:	Date confirmation sent:
_____	_____	_____	_____