

Facilities Use Application for All Gorham School Facilities

RETURN TO:

Elizabeth F. Bartlett
Facilities Use Coordinator
106 Weeks Road; Room A135
Gorham, ME 04038
(207) 222-1089 Fax: (207) 839-5054

Date(s) Facility is Needed: _____

Day(s) of Week: S M T W T F S

The following, when applicable, **must be provided prior to confirmation of requests** (refer to Gorham School Department policies, fees and rates schedules for applicability).

- Proof of tax exemption
- Deposit
- Proof of Insurance (\$1 million liability and \$25,000 damages naming the Gorham School Department as holder)

Name of Group/Organization: _____

Activity to take place (be specific): _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ FAX: _____

Use Category: School Department* Municipal Department Recreation Department
 School Benefactor Gorham Non-Profit Adult Gorham Non-Profit Youth
 Gorham For-Profit Non-Resident

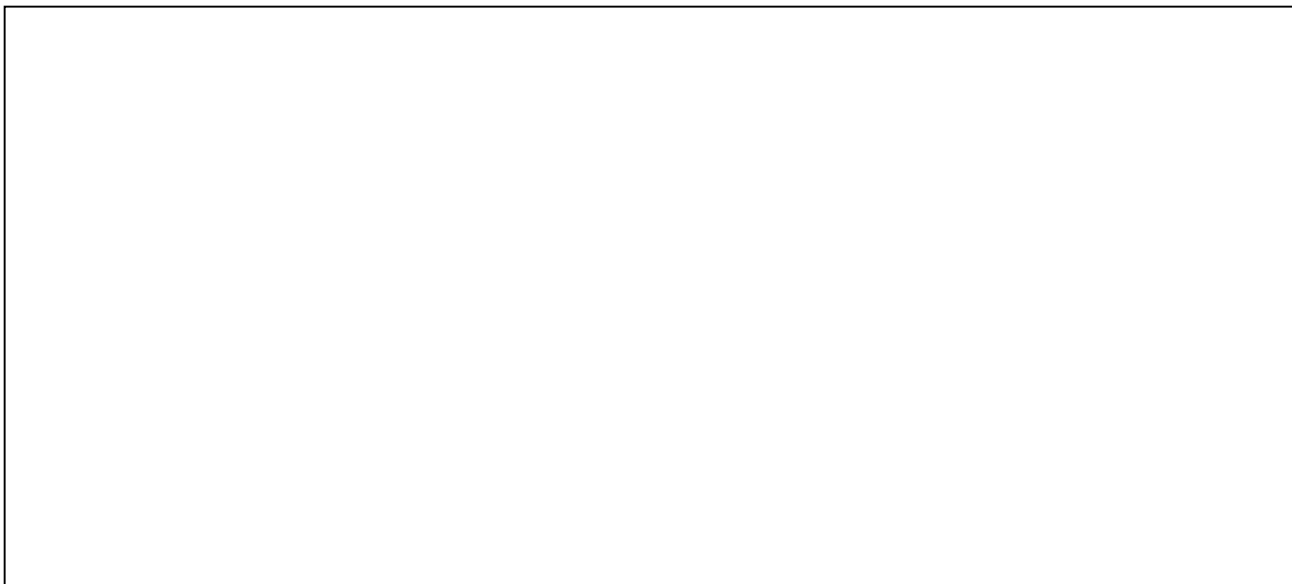
Revenue Generating Event: YES NO Expected Attendance: _____
(note: if more than 500 expected, police coverage may be required at the user's expense)

Time of Use: Set Up/Arrival: _____ ***Please note that this is the actual time that you are scheduled to be in and out of the facility; any extra time may result in charges.***
Event Time: _____
Clean Up/Departure: _____

School Facility Requested: Area(s) Needed:

High School McCormack Performing Arts Center (High School; seats 742)
 Middle School Auditorium (Middle School; seats 396)
 Village Elementary School Gymnasium
 Narragansett Elementary School Cafeteria
 Great Falls Elementary School Kitchen (not available for use without school dept. kitchen staff)
 Library
 Athletic Complex: field tennis court
 Classroom
 Lobby
 Parking lot
 Other

Please draw a diagram of desired room set-up:



SET-UP NEEDS (please be specific)

_____ # of chairs _____ # of tables _____ Podium _____ Public Address
 _____ Screen _____ Overhead Projector _____ Slide Projector _____ LCD Projector

AUDITORIUM:

Area(s) Needed: _____ Full Auditorium _____ Wall Open
 _____ Half Auditorium: __ Front __ Rear _____ Wall Closed
 _____ Dressing Room(s) _____ Retractable Seating
 _____ Music Room _____ Risers

Equipment Needed: _____ Sound Board _____ Stage Lighting _____ Staging
 _____ Public Address _____ # of Microphones _____ Piano

I, as the renter/user have read and understand the “Community Use of School Facilities and Grounds” policy. My signature below indicates my full agreement to comply with and insure that all guidelines and policies are adhered to.

Signature of Applicant Date

Director of Facilities Management Date

Auditorium Manager Date

Facilities Use Coordinator Date

*SCHOOL DEPARTMENT STAFF: Please refer to “Gorham School Facilities and Grounds Procedures” for clarification on when the following signatures are required.

*Principal/Athletic Director Date

FOR OFFICE USE ONLY:

_____ _____ Proof of Tax-Exemption Attached _____ Invoice Attached
 Date Application Received

Insurance Company: _____ Policy/Certificate #: _____