

SOMERSET BERKLEY REGIONAL SCHOOL DISTRICT HIGH SCHOOL FACILITIES USE APPLICATION

**APPLICATION MUST BE SUBMITTED AT LEAST ONE MONTH IN ADVANCE OF THE
EVENT OR IT WILL NOT BE ACCEPTED**

(This form must be filled out **completely**. Please print or type clearly.)

Today's Date Name of Organization

Street Address of Organization City State Zip Code

Check one:

- Class 1 School or Municipal Group Sponsored
- Class 2 In District* Non-Profit Community Organization (501(c)(3) form is required)
- Class 3 In District* for Profit Making Community Organization
- Class 4 Outside Group (Not In-District) for Non-Profit (501(c)(3) form is required)
- Class 5 Outside Group (Not In-District) Profit Organization

***In District must have 75% Somerset and/or Berkley participants; documentation may be required.**

Contact Information:

First & Last Name Title

Contact's Street Address City State Zip Code

Email Cell Phone Number

Event Details:

Name of Event: _____ **Date(s) of Event:** _____

In the section below, please fill out information pertaining to the dates you will be using our facility for this event. Each day you are requesting use should have a designation (e.g. rehearsal, set up, practice, etc.) as to what activities are occurring that day. These days should be consecutive and pertain only to this specific event. This is not for multiple events. If you are requesting more than 3 consecutive dates, please use a separate sheet of paper and submit it with your application.

Day (1) Activities: _____ **Date:** _____

Estimated # of Attendees (Participants and Audience Members)*: _____

Entrance Time into Building: _____

Exit Time from Building: _____

Event Start Time: _____

Event End Time: _____

Day (2) Activities: _____ **Date:** _____

Estimated # of Attendees (Participants and Audience Members)*: _____

Entrance Time into Building: _____

Exit Time from Building: _____

Event Start Time: _____

Event End Time: _____

Day (3) Activities: _____ **Date:** _____

Estimated # of Attendees (Participants and Audience Members)*: _____

Entrance Time into Building: _____

Exit Time from Building: _____

Event Start Time: _____

Event End Time: _____

* See page 3 of application regarding police detail

Facilities Being Requested:

1.) **School Room(s):** (check all that apply)

- | | | |
|--|--------------------|-----------------------------|
| _____ Distance Learning Center (Lecture-Style Room, Accommodates 60-70 people) | | |
| _____ Performing Arts Center | _____ Gymnasium | _____ Student Dining Center |
| _____ Music Room | _____ Library | _____ Computer Lab |
| _____ Locker Room(s) | _____ Art Gallery | _____ Kitchen |
| _____ Conference Room | _____ Classroom(s) | |

_____ Check here if requesting a **Multi-Night Package** (includes Performing Arts Center, Student Dining Center, Music Room and Locker Rooms). **A flat fee of \$800 per night will be charged.**

2.) **Athletic Space(s):** (check all that apply)

- | | | |
|-------------------------------------|-----------------------------|-----------------------|
| _____ Bathrooms in Concession Stand | | |
| _____ Turf Stadium w/o Lights | _____ Turf Stadium w/Lights | _____ Soccer Fields |
| _____ Concession Stand | _____ Baseball Fields | _____ Softball Fields |
| _____ Tennis Courts | _____ Outdoor Track | _____ Indoor Track |

3.) **Additional Service(s) Needed:** (note number of each item needed)

- | | | |
|--|-------------------------|-----------------------------|
| _____ Microphone(s) | _____ Cable (s) | _____ Stage Lights |
| _____ Podium(s) | _____ Screen | _____ Television |
| _____ DVD Player | _____ Extension Cord(s) | _____ Overhead Projector(s) |
| _____ Computer/Laptop | _____ Projector | _____ Chairs |
| _____ Cafeteria Services (required if using the kitchen) | _____ Tables | _____ Lighting |

All lighting, sound or special effects requests needs will incur additional fees for labor. Requests must be submitted in writing to the Technician at least two weeks prior to the scheduled facility use meeting. Any changes to these requests that are received less than two weeks prior to the event will not be honored.

Renters must pay the cost of at least one (1) custodian to be present during the entire event(s) however,

This section to be completed by Somerset Berkley Regional High School Staff:

Custodial OT & Incidentals (minimum 3 hours)

Mon.-Fri # _____ Hours @ \$45.00/Hour

Saturday # _____ Hours @ \$60.00/Hour

Sunday # _____ Hours @ \$70.00/hour

Light/Sound Operator Hours

Operator for _____ Hrs. @ \$50.00 /Hour

additional custodians may be required depending on the number of people expected.

***If an event has more than 200 participants and audience members expected, the renter must contact the Somerset Police Department at (508) 679-2138, to order a Police Detail for safety reasons.**

The Somerset Police Department will invoice the renter directly for the service. The renter shall provide Administration with proof of the details of the security arrangement prior to the event.

Please list any special requests for your event not included above: _____

Once the application is completed, please return to the high school for review and approval, along with a copy of your certificate of liability insurance documentation. Your certificate of liability must name Somerset Berkley Regional School District as the certificate holder and must be valid through the date(s) of your event.

Somerset Berkley Regional High School staff will contact you in a timely manner regarding the status of your application. A meeting between the responsible party and the SBRHS administration will be scheduled within three weeks of the date of the event. If you have any questions, please contact the high school at 508-324-3115.

If the above permission is granted, we hereby agree to comply with all of the rules and regulations set forth in the Somerset Berkley Regional School District Facility Use Policy and Application.

Requester: Your signature on this application attests that you have read and understand the policies and procedures in the Facility Use Policy and as written on this application.

Signature of Requester _____
Name _____ Date _____

Administration Approval _____
Name _____ Date _____

Director of Business & Finance Approval _____
Name _____ Date _____

Superintendent Approval _____
Name _____ Date _____

This form will become a binding contract upon approval from all above-named parties and confirmation of this request.

No application should be considered approved until all above-named parties have signed this application.

If the activity is cancelled by the renter at least one week in advance of the scheduled event, the renter will receive a full refund of their payment less any related expenses incurred by the School District. If the event is cancelled less than one week prior to the event by the renter, the permit holder will receive a half refund minus the non-refundable administrative fee, less any related expenses. Any events cancelled less than one week in advance of the event (for any reason other than weather-related) that require custodial overtime fees will be billed for three hours of custodian overtime.

The invoice for applicable rental fees for your usage will be sent to you upon approval and confirmation of this application. A 75% deposit is **due within fourteen (14) calendar days** from the date of invoice. Payment in full is due fourteen (14) calendar days prior to the event. Failure to make full payment for an event within the time frame allotted will result in cancellation of the event and inability to utilize facilities for future events. Please make checks payable to "Somerset Berkley Regional School District" and list date(s) of rental on your check. **Submit check to:**

Somerset Berkley Regional School District
Attn: Superintendent's Office
580 Whetstone Hill Road
Somerset, MA 02726

v3192024

For Office Use Only:

Date Form Received by SBRHS _____

Has event been pre-checked to proceed with a Facility Use Meeting? _____ Yes _____ No _____ N/A

Date of Facility Use Meeting: _____

Meeting concluded and okayed to proceed to Central Office : _____ Yes _____ No

Date Form Submitted to Central Office for final approval: _____

Date Final Approval for event received: _____

Copy of Insurance Policy on File _____ (please initial/date)