

APPLICATION FOR USE OF A SCHOOL BUILDING
Lincoln Public Schools, Lincoln, Massachusetts, 01773

FACILITY REQUEST INFORMATION:

Note that all approved use will be limited to the days, times and locations indicated. Start and end times should reflect time in the space, not necessarily event hours. Custodial charges may be applied for clean-up after an activity.

Building: _____			Area/Room: _____		
Day of Week	Start Date	End Date	Start Time	End Time	Description of Activity:

APPLICANT INFORMATION:

Name of Individual (Required): _____

Name of Organization (if appropriate): _____

Mailing Address: _____

Phone: _____ Cell/Alternate Phone: _____ Email: _____

Number of Participants Expected: _____ Will food be served? Y / N Food Service Equipment Needed? Y / N

Equipment Requests (Tables, Chairs, AV Equipment?): _____

Rental Fee Category: Please refer to the Fee Schedule Governing Use of School Buildings and indicate the appropriate category. The Lincoln Public Schools Business Office will confirm category status.

- Group A:** Lincoln Community Non Profit
 Group B: Lincoln Community Profit
 Group C: Non-Community Non-Profit
 Group D: Non-Community Profit

As a condition of this use, I agree, personally or as the authorized representative of this organization, that I shall be responsible for:

- 1) Payment of all charges within ten (10) days of issuance of a bill;
- 2) Reimbursement to the Town for any damage of the buildings or its content as a consequence of its use;
- 3) The obtaining of any necessary Police, Town or Board of Health Permits.

All payments shall be made to the Town of Lincoln within ten (10) days of issuance of a bill. NO payments are to be made directly to any building custodian, firefighter, police officer, or other person who serves.

The Superintendent reserves the right to cancel any permission whenever, in his/her discretion, such cancellation seems advisable.

I have read the policies governing Use of the School Buildings as adopted by the Lincoln School Committee (also see the reverse side of this form) and agree to abide by them in their entirety.

Signature of Person Responsible: _____ Date: _____

A copy of this form will be returned to you. This is your confirmation of approval with estimated costs and any special instructions.

<p>Approvals:</p> <p>School Principal: _____</p> <p>Recreation Director: _____</p> <p>Business Manager: _____</p> <p><i>Copy to:</i> User _____ Custodian _____ DoM _____</p>	<p>Estimated Fees:</p> <p>Area Rental: _____</p> <p>Custodial: _____</p> <p>Food Services: _____</p> <p>A-V Services: _____</p>	<p>Special Instructions: (ie: Required Police Details, BOH Permit, Certificates of Insurance, etc.)</p>
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