

STOUGHTON PUBLIC SCHOOLS
31 PIERCE STREET, STOUGHTON, MA 02072
781-344-4000 X51275

Appl. Fee \$ _____
Sec. Dep. \$ _____
Ins. Cert. Yes No
Date Rec'd. _____
For official use only

REQUEST FOR USE OF SCHOOL FACILITIES

THIS FORM MUST BE COMPLETELY FILLED OUT BEFORE SUBMISSION.

PLEASE PRINT CLEARLY OR TYPE.

1. _____ TODAY'S DATE
2. _____ NAME OF ORGANIZATION (REQUIRED)
3. _____ NAME OF REPRESENTATIVE
4. _____ ADDRESS
5. _____ HOME TELEPHONE/BUSINESS TELEPHONE
6. _____ CITY, STATE, ZIP CODE
7. DATE(S) REQUESTED: _____ DAY(S) OF WEEK: _____ (Please list)
8. START OF ACTIVITY: _____ END OF ACTIVITY: _____

ORGANIZATIONS USING SCHOOL FACILITIES MUST ADHERE TO THE TIME APPROVED.

9. SCHOOL REQUESTED EQUIPMENT/SERVICES NEEDED
HIGH SCHOOL CUSTODIAN(S)
MIDDLE SCHOOL KITCHEN STAFF
JONES EARLY CHILDHOOD CTR. LIGHTING TECHNICIAN
HANSEN ELEMENTARY PROJECTOR/SCREEN
SOUTH ELEMENTARY MICROPHONE
WILKINS ELEMENTARY # OF TABLES/CHAIRS
DAWE ELEMENTARY DUMPSTER
GIBBONS ELEMENTARY MISCELLANEOUS

10. FACILITY REQUESTED:
AUDITORIUM CONFERENCE ROOM CAFETERIA/CAFETOR
BLACK BOX THEATER-SHS GYMNASIUM KITCHEN
CLASSROOM(S) WEIGHT/FITNESS ROOM FACULTY DINING RM
ROOM A 216 - SHS FOOTBALL FIELD LOBBY
COMPUTER LAB FIELD HOUSE PARKING AREA
LEARNING COMMONS SOCCER FIELD OTHER

All buildings are equipped with Public Access Automatic External Defibrillators. When cabinet door is opened an alarm will sound and the Fire Department will respond.

11. TYPE OF ACTIVITY: _____

12. APPROXIMATE NUMBER OF PEOPLE ATTENDING: _____ PRICE OF ADMISSION (if applicable): _____

"POLICY GOVERNING USE OF FACILITIES"

Section 3-h.

Town of Stoughton only is covered by present public liability insurance policy. It is required that renters secure liability insurance. The town of Stoughton assumes no liability for injury to any person present on school property as the result of a permit issued to any organization or person. The town further assumes no liability for damage and loss to equipment, and the holder of the permit shall be responsible and liable for damage and loss to the building or the equipment thereof.

I have read the policies of the Stoughton School Committee governing the use of school property and guarantee that the organization that I represent will comply with them in full, including the care and protection of the property and responsibility for behavior and discipline of persons present in connection with the permit.

Stoughton Public Schools reserves the right to cancel any permit granted.

REPRESENTATIVE SIGNATURE EMAIL ADDRESS DATE
Reviewed: (initial & date)
Building Principal Date Senior Custodian (where applicable) Athletic Director (where applicable) Music Director (where applicable) Food Service Director (where applicable)