



FOSTER-GLOCESTER REGIONAL SCHOOLS

REQUEST FOR USE OF SCHOOL FACILITY

****Please Complete Both Front and Back of Form****

Added to Calendar

Date: _____

By: _____

School Building: _____

Specific Building Space Desired: _____

Date(s) of Desired Use: _____

Requested Time: _____

am or pm

TO

am or pm

Name of Organization Requesting: _____

Resident Group ☐

Non-Resident Group ☐

Statement of Purpose of Use: _____

Will there be a fee/admission charge? ☐ yes or ☐ no

If so, what: \$ _____

Estimated Number of Persons to Serve/Attend: _____

(200 or over contact Police /50 or over contact Fire Dept)

Age Group of Users: ☐ Students

☐ Adults

☐ Both

RENTAL FEES - Per Day

Services Required (*check all that apply*)

HIGH SCHOOL

- | | |
|--|-------|
| ☐ Cafeteria** | \$100 |
| ☐ Field House | \$200 |
| ☐ Aux Gym | \$100 |
| ☐ Auditorium | \$300 |
| ☐ Auditorium (rehearsal) | \$160 |
| ☐ Classroom | \$ 25 |
| ☐ Tennis Courts / Baseball | \$ 50 |
| ☐ Football Field /Track /Practice Field | \$ 50 |
| ☐ Custodial Fee | \$ 75 |

MIDDLE SCHOOL

- | | |
|--|-------|
| ☐ Cafetorium** | \$200 |
| ☐ Gymnasium | \$200 |
| ☐ Classroom | \$ 25 |
| ☐ Custodial Fee | \$ 75 |

OUTDOOR FACILITY RENTAL

- | | |
|--|-------|
| ☐ Exclusive Use of Athletic Facilities/Fields | \$300 |
| ☐ Athletic Facilities Lights | \$ 50 |
| ☐ Custodial Fee | \$ 75 |

☐ USE OF EQUIPMENT _____

Fee for Equipment: \$ _____

Rental Fee is per day unless otherwise noted. Rental Fees will be billed once all signatures are obtained.

Cafeteria rental excludes all equipment and the kitchen area; renters may **not use these facilities. Catering services can be hired by contacting the District's Food Service Management Company, Sodexo @ 710-7500 @ 3124.*

If you have any special requests or set up, please note them here:

Please note: The rental fees listed above do not include the cost of police, fire or other charges for use of special equipment. A police detail is required at any event open to the public where 200 or more people are expected. The fire department **must** be notified when 50 or more are expected and may require a fire detail.

Revised: 6/26/23 ksf

All Applicants seeking the use of school facilities must provide evidence of property and liability insurance in a minimum amount of \$3,000,000 or as determined by the District and its insurance carrier and shall name the District as an additional insured on its policy.

If the applicant does not present proof of insurance, then the applicant will be required to participate in the District Insurer's Tenant User Liability Insurance Program TULIP and pay for the cost of the additional insurance. TULIP website: www.ebi-ins.com/tulip, Foster ID: 0501-A6U

Insurance binders and/or proof of the TULIP Policy must be mailed or emailed to kfraatz@fgschools.com to the Office of the Superintendent no later than (10) days prior to the event.

ACKNOWLEDGE & ACCEPTANCE OF BUILDING USE POLICIES AND CONDITIONS

Applicant: I, _____

Print Name

Signature

1. Read and agree to the conditions in the Use of School Facilities Policy;
2. Agree to contact the Police and Fire Department with the projected attendance;
3. Agree to provide proof of insurance to the District ten (10) days before the event;
4. If not associated with the school and not a recreational youth sponsor activity, I agree to provide payment for the rental fee within 30 days of the conclusion of the event/receipt of invoice.
5. Understand that the School Committee, through the Superintendent, has the right to cancel any use of school facilities for any reason.

Signature of Authorized Group Agent: _____

Print Name and Title: _____

Street

City

Zip

Telephone Number

Email Address

Administration:

Signatures should be obtained in the following order: **Area available Per School Calendar** ☐ yes or ☐ no **Initial** _____

1. _____ 2. _____ 3. _____

Principal

Athletic Director/Music Director
(Availability of Request)

Director of Building and Grounds

Superintendent

Date

OFFICE USE ONLY

SUPERINTENDENT OFFICE		BUSINESS OFFICE	
Exempt Organization:	Initial: _____	Date Proof of Insurance Received:	
PAST DUE AMOUNT:	\$	Invoice Number:	
Total Rental Fee:	\$	Date Payment Received:	

New requests WILL NOT be approved if there is an unpaid balance.