

EAST LONGMEADOW PUBLIC SCHOOLS

Achievement



Accountability

APPLICATION FOR USE OF SCHOOL FACILITIES

I. Request – to be completed by renting organization
(please include copy of Certificate of Liability Insurance)

Date: _____

Name and Address of Organization: _____

Type of Activity: _____ Date(s) of Activity: _____

Day of Week: Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Time: Start _____ End _____ (Include ½ hr before & after)

Adult in Charge: _____ Telephone No. _____ Email: _____

Check one: Birchland Park _____ Mapleshade _____ Meadowbrook _____ Mountain View _____ High School _____

Area requested check one: Pool _____ Lg. Gym _____ Sm. Gym _____ Cafeteria _____ Classroom _____ Auditorium _____ Playing Field _____

Other (Describe): _____ Setup: Chairs _____ Tables _____ Other _____

Will an admission fee, collection or dues be required? Yes _____ No _____

If Yes, please explain: _____

NOTE: If school is cancelled on the day(s) of your scheduled event, all afternoon or evening activities are also cancelled.

I have read the rules governing use of school building and parking regulations and I take responsibility of overseeing this activity. It is my understanding that I may not use any other area of the building other than what I have requested without specific permission from the building principal. I also agree to leave the area in the manner in which I found it: tables clean, materials disposed of properly, and furniture replaced to its original position. Failure to do so may result in suspension of this privilege.

Signature of Applicant: _____ Telephone: _____

II. Administrative Approvals:

Building Principal _____ Date: _____ Building Open: Y _____ N _____

Facility Available: Y _____ N _____

Off-Duty personnel required: Custodian: (# of hours) _____ Cafeteria: (#of hours) _____

Comments / Instructions: _____

III. Notice to Town Department: (Please scan form to the emails provided)

paul.morrisette@eastlongmeadowma.gov – Fire Dept _____

mark.williams@eastlongmeadowma.gov – Police Dept _____

kevin.duquette@eastlongmeadowma.gov – Building Dept _____

bruce.fenney@eastlongmeadowma.gov DPW Dept _____

IV. Billing:

Utility Charge: _____

Facility Charge: _____

Other Charge: _____

Personnel Charge: _____

Total Charge: _____

Assistant Superintendent for Business: _____ Date: _____

THIS IS YOUR BILL:

PLEASE PAY BY CHECK MADE PAYABLE TO: EAST LONGMEADOW PUBLIC SCHOOLS

Mail check to: 180 Maple Street, East Longmeadow, MA 01028

WITHIN TWO (2) WEEKS OF THE EVENT. Thank you.

**THE USE OF ALCOHOL, TOBACCO, OR ANY ILLEGAL DRUGS IS NOT PERMITTED IN SCHOOL BUILDINGS
OR ON ANY SCHOOL PROPERTY**

RELEASE

We/I, _____, individually and collectively on behalf of
(Organization)
all members and participants, do release and forever discharge the East Longmeadow School
Committee and the East Longmeadow Public Schools, their agents, employees, and all other
persons associated with them, of and from any and all actions, claims and demands of whatever
nature which I/we, our members, and participants may hereafter have on account of injuries,
losses or damages to the person or property of said members and participants arising out of an
events(s), accident(s), casualty or occurrences(s) which take place during or in connection with
the following use of East Longmeadow's school property including consequences which are and
are not now known or anticipated: _____.

(Use - Location - Date / Time)

We/I further acknowledge that no additional promise, representation or agreement has
been made to induce our signing this Release.

We further agree to indemnify, protect and save harmless the parties released from all judgments,
costs and expenses whatsoever arising on account of any action, claim or demand by said members or
participants or by any person acting for or on behalf of said members and participants in respect to the
aforesaid injuries and damages.

IN WITNESSS WHEREOF, I/We, individually and collectively as the authorized
agent(s) of _____ hereby set
(Organization - Name/Address)
my/our hand and seal this _____ day of _____
(Month) (Year)

Organization's Authorized Agent

Organization's Authorized Agent