

MSAD #15 GRAY-NEW GLOUCESTER SCHOOLS FACILITY REQUEST FORM

Date of Application _____ **Name of Applicant:** _____

Mailing Address of Applicant: _____

Daytime Telephone: _____ **Email address:** _____

Name of Organization: _____

Purpose of Facility Use: _____

Building Requested: Russell School Memorial School Dunn School Middle School High School

Field Requested: _____

Room(s) Requested: _____

Number of Participants: _____ **Number of Spectators:** _____

Date Needed: _____ **Time Needed:** _____

Additional Time and Dates: _____

Admission Fee: NO YES – please explain _____

Refreshments Served: NO YES – please explain _____

Cafeteria/Kitchen Needed? NO YES – please explain _____

Computer Lab Needed? NO YES – please explain _____

Special Equipment Needed: (Specify quantity) Tables _____ **Chairs** _____ **Microphone** _____

Overhead and screen _____ **TV and VCR** _____ **Risers pulled out in gym** _____

Other Equipment: _____

Special request for equipment set up or additional notes: _____

Applicant signature verifying that “Guidelines” have been received: _____

For Office Use Only:

Room available: Yes No **Dates/Times Room not available:** _____

Head Custodian Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Food Service Director (if kitchen use required) _____ **Date:** _____

Maintenance Director: _____ **Date:** _____

Date Applicant Notified of Approval (and charges): _____

cc: ,Accounts Payable Secretary Maintenance Director Head Custodian

Supt’s Secretary Food Service Director (if there are charges)

Original to be kept on file by Building Use Facilitator

Charges: _____