Application for the Use of School Facilities

Date of Application ___________________________

Name of Organization _____________________________________________________________________________

Mailing Address __________________________________________________________________________________

Contact Person ___________________________  Phone# _________________ E-mail _________________________

The use of school buildings and other facilities by an organization operated for private gain or any purpose involving private gain shall be permitted only when such use is sponsored by some other local organization which is not operated for private gain, and a worthy, educational, civic, or charitable purpose will be served, and the people in the community will be benefited. A fee for building use or equipment rental will be charged to all non-school groups to defray the costs of cleaning, maintenance, utilities, supplies, and heating as applicable. Request use of the following facility:

<table>
<thead>
<tr>
<th>School</th>
<th>Area</th>
<th>Pricing</th>
<th>Profit</th>
<th>Non-Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Nauset High School</td>
<td>____ Athletic Field (up to 4 hrs.)</td>
<td>$100/day $50/day</td>
<td></td>
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<tr>
<td>____ Nauset Middle School</td>
<td>____ Auditorium</td>
<td>$100/hr. $50/hr.</td>
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<tr>
<td>____ Nauset Middle School</td>
<td>____ Classroom</td>
<td>$35/hr. $15/hr.</td>
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<tr>
<td>____ Nauset Middle School</td>
<td>____ Cafeteria (Nauset employee req.)*</td>
<td>$75/hr.* $50/hr.*</td>
<td></td>
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<tr>
<td>____ Nauset Middle School</td>
<td>____ Caf w/kitchen (Nauset emp. req.)*</td>
<td>$100/hr.* $75/hr.*</td>
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<tr>
<td>____ Eddy Elementary</td>
<td>____ Front Lawn (NMS only)</td>
<td>$700/12 hrs. $350/12 hrs.</td>
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<tr>
<td>____ Stony Brook Elementary</td>
<td>____ Grove (lawn right of NMS)</td>
<td>$100/12 hrs. $50/12 hrs.</td>
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<tr>
<td>____ Eastham Elementary</td>
<td>____ Technology Lab</td>
<td>$50/hr. $25/hr.</td>
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<tr>
<td>____ Orleans Elementary</td>
<td>____ Gymnasium</td>
<td>$100/hr. $50/hr.</td>
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<tr>
<td>____ Wellfleet Elementary</td>
<td>____ Parking Lot</td>
<td>$100/day $50/day</td>
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</table>

The above fee schedule may be adjusted to accommodate extenuating circumstances via the authority of the School Committee. *See attached Food Requirements.

We require full payment ten (10) days in advance of required date of use.

Note: Nauset Public Schools’ student groups, school-sanctioned organizations, official town groups and boards will not be charged.

No tobacco products or alcoholic beverages are allowed in or on any school property.

Purpose: _________________________________________________________________________________________

________________________________________________________________________________________________

Dates and Times Requested: _________________________________________________________________________

(Please include times that first person will arrive and last person will leave.)

Estimated attendance ______________________________

Will the event require a police detail?  _____ yes  _____ no

Will admission be charged?  _____ yes  _____ no

Does your organization charge a fee to participants?  _____ yes  _____ no
Is your organization affiliated with the Nauset Public Schools?    ______ yes    ______ no
If yes, how? __________________________________________________________________________________________

Any dance (profit or non-profit) must be supervised by a minimum of five responsible adults, at least one of whom belongs to the sponsoring organization. Names and addresses of said chaperones must be submitted to the Principal at least two days prior to the dance. Chaperones are required to have a Cori Check on file with the school.

The Police Chief of the town will be contacted by the person in charge of the sponsoring organization to determine the need for adequate police supervision. Needed supervision will be paid for by the organization using the facilities. The Nauset Schools reserves the right to require police supervision.

Insurance coverage may be required in the minimum amounts of $1,000,000 per person and $3,000,000 per occurrence for all private organizations. Proof of insurance must be submitted along with payment prior to use of facilities, and shall include a provision naming the “Nauset Public Schools” as an additional insured.

I/we agree to abide by all the rules and regulations of the Nauset Public Schools and to pay all custodial, cafeteria and facility fees that may be required for my/our use of the school facilities.

Signed: __________________________________________________________    Date: ____________________________

HOLD HARMLESS AGREEMENT

It is agreed by _____________________________________________________, hereinafter referred to as the Organization, that the Nauset Public Schools and the Town of ________________ be absolved of any and all liability brought about by the actions of the participants and/or patrons of the Organization while using the facilities of the Nauset Public Schools for the purpose originally stated. It is further agreed that the Organization accepts responsibility for any and all damages caused by the participants and/or patrons of the Organization that are determined to be above and beyond what is considered normal wear and tear of the facilities.

I attest that the above named organization is in compliance with the Town of ______________ CORI Regulations and has successfully completed background CORI checks on all coaches and volunteers within the organization and that all volunteers and coaches have been approved in accordance with all appropriate state and local laws and policies. A copy of the organization’s certification letter with Criminal History Systems Board as well as a list of all approved volunteers and coaches must accompany this request. Changes in the CORI must be updated and on file at the Nauset Public Schools Administration Office.

Signature of Organization  Date

Printed Name       Position/Title

FOR SCHOOL DEPARTMENT USE ONLY

Building Availability:   Available _____   Unavailable _____   Administrator  Signature _________________________

Estimated Costs:   Custodian $___________   Kitchen worker $___________   Other $___________

Estimated Facility Cost $_________________

TOTAL COST TO BE INVOICED $_________________

_____ APPROVED       _____ NOT APPROVED

Signed _______________________________________________       Dated ______________________________________

Approval is contingent upon your acceptance of the total cost as listed above.
If for any reason you no longer wish to use our facilities, please contact us immediately.
Equal Opportunity Employer