

RSU 40
Request for Use of School Facility

KF-E

Please print all information. Request must be submitted at least ten (10) days prior to event. Certificate of Insurance Coverage must be submitted with request listing RSU 40 as Additional Insured. A written contract will be mailed to responsible party upon approval for signature.

Name of Group to use facility: _____

Non-Profit Number: _____ Non-Profit Contact: _____

Address: _____

(Street Address) (Town)
(State) (Zip Code)

Telephone: _____ E-mail: _____

School Requesting to Use: _____

Part of Facility Requesting (Gym, Cafeteria, etc.): _____

Date and time: ____/____/____ from: ____:____ ☐ A.M. ☐ P.M. to ____:____ ☐ A.M. ☐ P.M.

Do you need a Snow Date? _____ Will you be charging an Entrance Fee?

Description of use and number of people involved (meeting, fundraiser, athletic, etc.): _____

Please note that if kitchen area is being used; a district food service employee must be present.

Grade School (K – 6) Gym/Cafeteria Fee	\$50.00/day for	_____ days =	\$ _____
MMS Gym or Cafeteria Fee	\$75.00/day for	_____ days =	\$ _____
MVHS Gym or Cafeteria Fee	\$75.00/day for	_____ days =	\$ _____
Single Room Fee	\$15.00/day for	_____ days =	\$ _____
Custodial Fee – Appx.	\$50.00/per hour	_____ hours =	\$ _____
Kitchen Area Fee – Appx.	\$50.00/per hour	_____ hours =	\$ _____
MVHS Auditorium Fee	As per below	_____ hours =	\$ _____
Total fee \$			_____

MVHS Auditorium	Approved RSU 40 Use	District Based Nonprofit Groups	Nonprofit Groups	For Profit Use
Seats, house light, sound system, and stage	No charge	\$150/performance	\$350/performance	\$600/performance
Rehearsal/Set up/Break down	No charge	No charge	\$25/hour	\$30/hour
Custodian	\$30/hour	\$50/hour (if none presently in building on regular schedule	\$50/hour	\$50/hour
Technicians	\$25/hour	\$25/hour (at auditorium manager discretion)	\$25/hour	\$25/hour

The policy KF and any other applicable policies governing the use of district facilities have been read and are understood by the responsible party signing this request form. Fix the formatting. Change to elementary school instead of K-6. .

_____/_____/_____
Signature of Responsible Person
Date

ALL REQUESTS MUST BE SIGNED BY THE BUILDING ADMINISTRATOR.

_____/_____/_____
Signature of Building Administrator
Date

SEND TO FACILITIES DIRECTOR FOR FINAL APPROVAL.

☐ Approved ☐ Not approved because _____

_____/_____/_____
Signature of Facilities Director
Date

☐ Food Service Notified
☐ Contract Mailed

☐ Custodian Notified

☐ Fee Waived
