

Ashland Public Schools – Application for Use of School Facilities

This Form is Required for Category I, II, and III Rentals

DIRECTIONS: Complete applications should be submitted (21) days prior to the requested use date to the Facilities Department, via email at rtessicini@ashland.k12.ma.us or by mail to **Facilities Department 87 West Union Street Ashland, MA 01721**. Responses to requests and permits will be issued via email. Please call the Facilities Department office at 508-881-0170 with any questions.

A. Applicant Information:

Organization Name:	Contact Person:
Billing Address	Contact Phone
City, State, ZIP	Contact Email (permit will be issued electronically)

B. Percentage of Ashland Residents Certification:

On behalf of _____, I _____ certify the percentage of Ashland
(ORGANIZATION) (PRINTED CONTACT NAME)

residents in the _____ is _____ %. I understand the percentage is used for fee determination
(ORGANIZATION)

in accordance with the fee schedule and any misrepresentation may result in loss of facility use privileges.

C. The Organization’s Certificate of Insurance Expires on: _____

Please attach the certificate of insurance listing “Ashland Public Schools” as additionally insured. Insurance limit requirements are specified in the Facilities Usage Handbook. *Town Departments are excluded from this requirement.*

D. Facility Usage Policy and Standard Hold Harmless Indemnify Agreement:

I, _____, its officers and members, all have read the Facilities Usage Policy and Handbook and
(NAME OF LESSEE, ORGANIZATION)
agree to the terms stated therein. Through the signing of this document, by an authorized party or agent, indemnify, hold harmless, and defend the Ashland Public Schools and their agents and employees from all suits and actions, including attorney’s fees and all costs of litigations and judgments of every name and description brought against the Ashland Public Schools as a result of loss, damage, or injury to person or property by reason of any act or failure to act by:

_____, its agents, servants, or employees.
NAME OF LESEE (ORGANIZATION)

SIGNATURE OF AUTHORIZED AGENT (CONTACT)

DATE

PRINTED NAME OF AUTHORIZED AGENT

Facilities Dept. Use Only: Date Complete Application Received: _____ Permit #: _____
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EVENT INFORMATION

This Form Is Required for All Category III Rentals

EVENT TITLE/DESCRIPTION: _____

REQUESTED USE DATE(S): (MO/DAY/YR)
 MONDAY _____
 TUESDAY _____
 WEDNESDAY _____
 THURSDAY _____
 FRIDAY _____
 SATURDAY _____
 SUNDAY _____

TIME: **BEGINNING:** _____ **a.m. / p.m.** **ENDING:** _____ **a.m. / p.m.**
INCLUDE SET UP AND BREAKDOWN TIME

USE OF FACILITY REQUESTED:

Location: High School Middle School Pittaway
 Mindess Warren

Area: Auditorium Cafeteria Gym
 Library
 Classroom (High School & Middle School only)
 Other (please describe): _____

APPROXIMATELY HOW MANY WILL BE ATTENDING? _____ # Adults _____ # Children

WILL FOOD/BEVERAGES BE SERVED: YES NO

WILL FOOD/BEVERAGES BE SOLD: YES NO

WILL EQUIPMENT OR DECORATIONS BE BROUGHT ON OR INTO THE FACILITY?
 YES - (describe below) NO

EQUIPMENT USE REQUESTED: (availability is limited)

Public Address System Chairs # _____
 Podium Tables # _____ Spotlight
 Light/Sound Equipment Miscellaneous (please describe) _____

FACILITY USE REQUEST SUBMITTED BY:

(Print name)

(Organization)

(E-mail address)

(Phone)

Facilities Dept. Use Only: Date Complete Application Received: _____ Permit #: _____