

Date Submitted: _____

Please call the athletic office at 978-774-7133 for availability before submitting form.

ATHLETIC FACILITY USAGE RENTAL FORM

Organization: _____

Name, Address, and Phone Number of Person Responsible: _____

Date(s) & Hours Requested*: _____
***hours to include set up and break down**

Insurance Co. Name: _____
(please attach a copy of policy)

Area Requested (please check):
_____ Field House _____ Vye Gym _____ Deering Stadium
_____ Fitness Center _____ Gym* (please indicate school) _____

Purpose: _____

Admission Charge (please circle): Yes or No Proceeds devoted to: _____

Additional equipment requested: _____

Custodial Fee: _____ Rental Fee: _____

All fees payable to **The Danvers Public Schools** and mailed to the attention of the Athletic Director Danvers High School, 60 Cabot Road, Danvers, MA 01923.

It is expressly understood and agreed that the regulations of the Danvers School Committee are to be strictly complied with, and the undersigned hereby assumes full responsibility for injury to, or loss of, town property in consequence of and use of the above described accommodations, and agrees to make the same good without expense to the town. The organization further agrees to pay such charges as might be made.

Rentor: _____ Date: _____

Rental Approval Agent: _____ Date: _____

Number of Custodians Required: _____

**Please attach a diagram if specific set up is requested.
Payment must be received five (5) days after notification of approval.**

***All School Principals are responsible for scheduling their building.**