



Facilities Rental Form

(submit via email to building administrator)

Date: _____

Organization: _____

Telephone #: _____

Name: _____

Address: _____

School Requested: _____ for the date(s) of _____

Between the hours of _____ and _____ for the purpose of: _____

Admission charged: Yes No Proceeds donated to: _____

Food and concessions: Yes No Estimated Attendance: _____

Please check all that apply:

- | | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Library/Media Center | <input type="checkbox"/> Atrium | <input type="checkbox"/> Elementary Gym | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Auditorium/Multi-Purpose | | <input type="checkbox"/> Room(s) | <input type="checkbox"/> Vye Gym |
| <input type="checkbox"/> Deering Stadium | <input type="checkbox"/> Field House | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Parking Lot |

Additional amenities required for auditorium:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Basic Sound | <input type="checkbox"/> Basic Lighting | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Tables | <input type="checkbox"/> Chairs | <input type="checkbox"/> Booth Privileges* |

ALL SCENERY USED IN THE AUDITORIUM MUST BE FIREPROOF. NO EXCEPTIONS!

Please attach a diagram if a specific set-up is required.

The applicant has read and agrees to adhere to the regulations found in the Danvers Public Schools Policy Manual, Policy KF-R, and further agrees to pay any and all fee charges including insurance (please attach insurance policy if applicable).

Renter's Signature: _____

Principal Approval

DPW Approval

Committee Approval

**PAYMENT MUST BE RECEIVED FIVE (5) DAYS AFTER NOTIFICATION OF APPROVAL.
PLEASE MAKE CHECK PAYABLE TO: TOWN OF DANVERS.**

FOR OFFICE USE ONLY

- | | | | |
|--|------------------------------|--|------------------------------|
| Internal Process: | 1. Principal Approval | 2. DPW Approval | 3. Committee Approval |
| 4. Copy and send to DPW Sr. Foreman | | 5. Copy and Return to Applicant | |

Custodians Required: Yes No

Custodian fee: \$ _____ Rental Fee: \$ _____

Copy to: Mark Wright

Custodian Set-Up for Reserved Events

(submit via email to building administrator)

Name: _____

Date of Event(s): _____

Time(s): _____

Location(s): _____

Set-Up Needs (please list quantities of items requested):

Additional Instructions (please draw a diagram if applicable):