

**MARLBOROUGH PUBLIC SCHOOLS**  
 APPLICATION AND PERMIT FOR USE OF SCHOOL BUILDINGS  
 SECURITY CAMERAS ARE IN USE 24 HOURS A DAY

*\* Please submit no later than 7 days prior to requested date \**

THE UPPER SECTION OF THIS FORM IS TO BE FILLED OUT AND SUBMITTED TO THE MAIN OFFICE OF THE SCHOOL BUILDING REQUESTED.  
 \*\*\*\*\* PLEASE NOTE NO FOOD OR DRINK ALLOWED IN AUDITORIUMS \*\*\*\*\*

School Building:

Facilities Requested:

Rental Day & Date: \_\_\_\_\_ Time: \_\_\_\_\_ To: \_\_\_\_\_

Purpose of use:

Group using facilities:

Arrangements made by: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address:

Estimated number attending: \_\_\_\_\_ Admission charged: Yes \_\_\_\_\_ No \_\_\_\_\_

Police detail: Yes \_\_\_\_\_ No \_\_\_\_\_ Fire detail: Yes \_\_\_\_\_ No \_\_\_\_\_

Equipment requested (Charges may apply; see attachment 'A'):

Projector	Podium	Screen	TV / DVD	Bleachers
Shower Room	Portable platform	Scoreboard	Other	
		Tables	Chairs	P.A. System

As the representative of the group requesting the use of facilities, the undersigned agrees to the use of the above listed school facilities in accordance with the CONDITIONS of RENTAL. (See attachment 'A').

**Updated July 2019**

Signature of Authorized Representative \_\_\_\_\_ for \_\_\_\_\_ Name of Organization \_\_\_\_\_ Date \_\_\_\_\_  
 .....  
 DO NOT WRITE BELOW THIS LINE  
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Facility charges: \_\_\_\_\_ \$ \_\_\_\_\_  
 Custodial Fee: \_\_\_\_\_ \$ \_\_\_\_\_  
 Custodial Cleanup Fee: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Fees: - \* Sound Tech: \$ \_\_\_\_\_ \* Lighting \$ \_\_\_\_\_ \* Air Conditioning \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Group classification: A B C D Total Fees: \$ \_\_\_\_\_

Upon approval, a copy of this form and a bill for any charges will be sent to the above named Authorized Representative. Payment should then be made out to the Marlborough Public Schools prior to scheduled date and sent to:

City of Marlborough  
 DPW / Public Facilities  
 135 Neil Street  
 Marlborough, MA. 01752

Approved by: \_\_\_\_\_ School Building Principal \_\_\_\_\_ Date \_\_\_\_\_ Director of Facilities \_\_\_\_\_ Date \_\_\_\_\_