



AUBURN PUBLIC SCHOOLS  
Auburn, Massachusetts  
**Application for Use of Facilities/Fields**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

School and area to be used: \_\_\_\_\_

Access to Internet or use of Technology Equipment needed: Yes/No

If needed, please specify: \_\_\_\_\_

Date(s) desired: \_\_\_\_\_

Time(s): From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

Purpose: \_\_\_\_\_ Admission Charge: \_\_\_\_\_

Reason why money is raised: \_\_\_\_\_

\*Time desired must include ½ hour preparation time for custodian/cafeteria personnel.

I, as official representative of the organization named above, have read the Policy governing the use of school facilities and grounds, and am empowered to guarantee that this organization will comply with it in full. I understand further that should the Policy not be adhered to, permission for further use of school grounds or facilities may be denied. I also understand that should the fields or grounds not be left in the condition in which they were found, a fee of \$90, at minimum, will be assessed and due in full prior to any subsequent approvals. The building principal reserves the right to deny or rescind approval of a school facility use based on good cause. I have received and read a copy of the Auburn Public Schools Use of Facilities Policy and understand the guidelines of this rental.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ have completed CORI checks on all of our volunteers and or workers prior to the application for the use of facilities.

I, \_\_\_\_\_ have provided the school department with a Certificate of Insurance.

I, \_\_\_\_\_ will provide certified instructors when use of the fitness room is scheduled.

I, \_\_\_\_\_ confirm that I or a designee (NAME: \_\_\_\_\_) will be the CPR/AED trained representative for this use of facilities.

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**The space is available on the dates requested.**

Principal's signature: \_\_\_\_\_

Athletic Director's signature: \_\_\_\_\_

Facilities Director's signature: \_\_\_\_\_

\*Director of Food Services Signature: \_\_\_\_\_

Superintendent's signature: \_\_\_\_\_

Updated March 2018

The total cost for this use of facilities is:

\$ \_\_\_\_\_

Please make your check payable to:  
Town of Auburn

Mail it to :  
Auburn Public Schools  
Office of the Superintendent  
5 West Street, Auburn, MA 01501  
Attn: Sharil Morin

Remit the balance due upon receipt of the bill.

Approved in priority order:

\_\_\_\_\_ 100% Auburn students

\_\_\_\_\_ 50% + Auburn students

\_\_\_\_\_ Auburn Non-Profit

\_\_\_\_\_ Auburn For-Profit

\_\_\_\_\_ Other

Will food be provided/sold at this event? Yes \_\_\_ No \_\_\_

If yes, will it be provided by APS Food Service Program?

Yes \_\_\_ \* No \_\_\_ \*\*

*\*Use of APS Food Service Facilities will require hiring food service staff to be present throughout the reserved time of your event. Requests and arrangements are made through the APS Food Service Department at [508-832-7755](tel:508-832-7755) x240 or x237.*

*\*\*If no, a permit is required from the Board of Health (508-832-7703)*

**\*THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED AT LEAST SEVEN (7) DAYS PRIOR TO ANY EVENT, OTHERWISE THE EVENT CANNOT BE HELD WITHOUT THE PRIOR APPROVAL OF THE SUPERINTENDENT.**