



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

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 x240 or x237.

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

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.

***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.**