MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 75: Request for Use of School Facilities

Return this form to the school office where the event will occur.

For Orion Performing Arts Center, contact OPAC Coordinator at 729-2950 ext.7506; 66 Republic Dr. Topsham, ME 04086 For MTA High School Gym or Athletic Fields, contact the Athletic Director at 729-2951 ext. 8080. For MTA Middle School Gym or Athletic Fields, contact the Athletic Director at 729-2950 ext. 7142. **If any KITCHEN is needed, please indicate below, and contact Food Services Director at 729-9961 ext. 1025.

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School/Facility:	Date(s) of Event:	Will	admission	be	charged?

Name of sponsor, event, and brief description:

Food Services has been contacted and will be providing food:___Y___N; Estimated attendance: ______

DATES AND TIMES FOR EVENT (A sketch of your set-up is also required.): (For excellent service, please be clear. Use more than one line and <u>additional space on p.3</u> of this form, <u>if needed.</u>)

Day	Date	Arrival & Departure Times	Total Hours	Type of Activity & Time of Event	Specific Location(s) Requested Include Room # if known (Classroom, Café., Kitchen, Gym, Field, Orion stage, Orion lobby, etc.)	Set-Up and Equipment Requested for Each Location (Be specific; no equipment will be provided without prior notice.)		
Mon.	1/11/13	Example: 3p.m10p.m.	7 hrs.	Board Meeting, 6-8 p.m.	Double Classroom	U-shaped table with skirt, Audience theater seating, podium, 2 mics, projector		
	SPONSOR GROUP DETAILS Sponsor Group:Contact Person:							
Emai	l:			E	Best phone number:			
Full A	ddress:	(Street, Town	, State, Z	(IP):				
Billin	g Contad	ct & Address (i	f differe	nt):				
Acco	rding to	Procedure KF	R, I belie	eve that my group qu	alifies for the following usage fe	e categorization:		
F	ee exem	npt	Fee	e Chart A	Fee Chart B			
for th	nis reaso	n:						
unders	I GNATURE (required): understand that the sponsoring group I represent and I are bound to the M.S.A.D. No. 75 Policy (KF) and Procedures (F-R) for Community Use of School Facilities, and that we have read and agree to Addendum A to this Request.							
ignatu	re:				D	ate:		
To be c	To be completed by administration: INFO. SENT TO:CustodialTech StaffCalendarConfirmation Sent to Requestor							
FEE(S	EE(S) ASSESSED:N/A \$(usage fee) \$(staffing fee): \$TOTAL							
INSUR	NSURANCE REQ'D: No Yes (Group must present a Cert. of Insurance naming M.S.A.D. No. 75 as an addt'l insured.)							
POLIC	OLICE PRESENCE: Yes No (Number of officers):							
	*APPROVAL: Date:							
	*Facility Administrator for Buildings and Parking Lots, OPAC Coordinator for the Orion Performing Arts Center, and Athletic Directors for Gym and Fields at Mt. Ararat Middle and High Schools.							
	Please complete p. 2 for specific information required for Orion use.							

The following additional section is required for use of the	Orion
Complete page one of this form as well.	Performing Arts Center

TICKET PRICES / CONCESSION INFORMATION:

Adult: \$_____Student : \$_____Senior: \$_____Estimated Attendance: ______

Group Rate (if applicable):_____ General Admission or Reserved Seating: _____

Will there be an intermission? Yes or No If so, when and how long?

Will there be concessions? Yes or No Caterer (If applicable): ______

PLEASE NOTE: NO ALCOHOLIC BEVERAGES ARE ALLOWED ON THE ORION PREMISES.

PERFORMANCE DATE(S) & START TIME:

EQUIPMENT/MATERIALS SPECIFIC TO THE ORION:

Below you will find equipment that can be provided by the Orion. Please check the appropriate box orwrite the number of item(s) you will need. Please see attached sheet for pricing.

SOUND	STAGING EQUIPMENT				
Piano	# of Chairs				
Sound System	# of Tables				
# of Mics	Lectern (speaker)				
Tape Deck	Podium (conductor)				
CD Player	Choral Risers				
(Name of your Sound	Video Projector/Screen				
Tech)	MISCELLANEOUS				
	Refrigerator				
LIGHTING	Dressing Rooms				
General	Man-lift (requires train- ing and indemnification)				
Theatrical	SEATING (Check one)				
(Name of your Light Tech)	700 Audience900 AudienceSeatsSeats				

What, if any, equipment or materials will your group be bringing into the Orion?Examples: sound or light boards, microphones, spotlights, etc. PLEASE PROVIDE A SKETCH OF YOUR REQUIRED SET-UP.

USE THIS PAGE ONLY IF NEEDED FOR COMPLEX EVENT.

ADDITIONAL SPACE TO ADD DATES AND TIMES FOR EVENT(S): (For excellent service, please be clear. Use more than one line if needed and attach additional sheets if necessary):

Day	Date	Arrival & Departur eTimes	Total Hours	Type of Activity (Rehearsal, Meet- ing, Practice, etc.) & Time of Event	Specific Location(s) Needed (Classroom, Cafeteria, Kitchen, Gym, Field, Parking Lot, Orion Stage, Orion Lobby, etc.)	Required Set-Up and Equipment for Each Location (be specific; no equipment will be provided without prior notice.)
Mon.	1/11/13	3 PM-10 PM (EXAMPLE)	7 hrs.	Board Meeting 6-8 pm (EXAMPLE)	Double Classroom (EXAMPLE)	U-shaped Table with Skirt, Audience Theatre Seating, podium, 2 mics, projector

SKETCH YOUR SET-UP HERE AND/OR ON THE BACK OF THIS FORM FOR ACCURACY:

Request for Use of School Facilities Addendum A Changing/Cancelling Reservations

Maine School Administrative District No. 75 reserves the right to change the requirements for use of School Facilities, or cancel reservations, as a result of revised Covid 19 safety protocols required by the Maine Department of Education, the Maine CDC, and/or the MSAD No. 75 Board of Directors.

Changing requirements may include, but are not limited to requiring all individuals to wear masks, implementing social distancing, and limiting the number of participants. The need to change the requirements for use of School Facilities may occur with little notice.

Should the requirements for use change, sponsoring groups may cancel their reservations and any fees already paid will be fully refunded. Should the District cancel a reservation any fees already paid will be fully refunded.

Some spaces or equipment may not be available to outside groups based on current school needs while safety protocols are in place.