Facilities Use Agreement

The public is invited to use the facilities in Eastern Aroostook RSU 39. However, school activities must have priority over outside organizations and groups. Requests for building use should be made as far in advance as possible.

The Building Administrator must approve all requests. Please do not direct requests to custodians or other school personnel.

If permitted to use the facilities of Eastern Aroostook RSU 39, we agree to the following provisions:

- That you read and agree to the terms of RSU 39 Policy KF Community Use of School Facilities, which can be found at https://www.rsu39.org/board-policies.
- That you will provide at least 24 hours notice if use of facilities is cancelled. (Charges may be assessed if proper notification is not provided.)
- If applicable, you will contact the Local Police Department. (If you expect more than 200 people, it is your responsibility to hire an officer to supervise parking outside the building and to ease traffic following your event.)
- That you / your organization is responsible for property damage/repair/cleaning and if appropriate liability insurance coverage.

Date of Application: __________________ Type of Event: __________________

Area of Building (e.g. Auditorium, Café, Gym, Classroom etc.): __________________________

Renter Information:
  Organization Name: ____________________________
  Contact Name: ____________________________
  Street Address: ____________________________
  City, State Zip Code: ____________________________
  Telephone #: ____________________________ E-Mail: ____________________________

Date(s) and time(s) to be used:

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Equipment needed (e.g. Public Address System, Chairs, Tables, etc.):

I have read and agree to the terms of RSU 39 Policy KF Community Use of School Facilities.

____________________________________  ______________________
Signature Required Date

OFFICE USE ONLY:

| Space Reserved By (RSU 39 Staff Member): ____________________________ |
| Copies to: Custodian Accounts Receivable ____________________________ |
| Deposit Received: Amount Date ____________________________ |