



APPLICATION FOR USE OF TEWKSBURY PUBLIC SCHOOL FACILITIES

File: KF-E

Principal's
Approval

Name of Organization _____ Date of Application _____

*Email Contact (mandatory) _____

Date of Use (List ALL dates individually. Attach additional page if necessary) _____

Time of Use _____

Additional Set-up or Breakdown Time _____

Purpose of Use _____

Attendance _____ Admission: Adult \$ _____ Child \$ _____

Proceeds to Benefit _____

School Equipment Needed _____

FACILITIES REQUESTED	
BUILDING (check ONE) <ul style="list-style-type: none"> <input type="checkbox"/> T.M.H.S. <input type="checkbox"/> Wynn <input type="checkbox"/> Ryan <input type="checkbox"/> Dewing <input type="checkbox"/> North Street <input type="checkbox"/> Heath Brook <input type="checkbox"/> Trahan <input type="checkbox"/> Center 	FACILITY (check ALL) <ul style="list-style-type: none"> <input type="checkbox"/> Gymnasium <input type="checkbox"/> Auditorium <input type="checkbox"/> Library/Media <input type="checkbox"/> Cafeteria <input type="checkbox"/> Class # _____ <input type="checkbox"/> Field _____ <input type="checkbox"/> Other _____

Rental and Custodial Fees are to be paid in full at least three days before the facilities are to be used. Make check payable to the "Town Of Tewksbury" and forward to the Facilities Coordinator at: 139 Pleasant Street, Tewksbury, MA - 01876. All applicants will be sent an email confirmation of this application when it has been processed and it has been approved or denied. When/If approved, applicant should have this paper in his/her possession when using the facilities.

The signing of this application shall constitute an agreement to abide by all rules and regulations governing the use of school buildings and to accept FULL responsibility for any damage to, or loss of, school property. Applicants must read and be familiar with the full policy (TPS Policy KF), which is attached to this application. Organizations are restricted to building areas that are approved by the School Department.

Signature _____ Name (please print) _____

Position _____ Address _____

Telephone _____ City/Town _____ Zip _____

OFFICE USE ONLY BELOW THIS POINT

FEES Rental \$ _____ Custodial \$ _____ Kitchen \$ _____ Matron \$ _____ Police Req'd Y N Insurance Req'd Y N Total Due \$ _____	Paid By <input type="checkbox"/> School Dept. <input type="checkbox"/> Athletics <input type="checkbox"/> Extended Day <input type="checkbox"/> Comm. Ed. <input type="checkbox"/> _____ <input type="checkbox"/> Recreation Dept. <input type="checkbox"/> Police Ath. League <input type="checkbox"/> User <input type="checkbox"/> _____	Copies sent to <input type="checkbox"/> Principal <input type="checkbox"/> Custodian <input type="checkbox"/> Business Off. <input type="checkbox"/> Applicant <input type="checkbox"/> Food Services <input type="checkbox"/> Ath. Director <input type="checkbox"/> Media <input type="checkbox"/> Extended Day <input type="checkbox"/> Rec'r'tion Dept. <input type="checkbox"/> _____	APPROVED _____ _____ <u>Comments/Restrictions</u> _____
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