

**CANTON SCHOOL DEPARTMENT
CANTON, MASSACHUSETTS**

APPLICATION FOR USE OF SCHOOL BUILDING

SUBMISSION DATE _____ NAME OF ORGANIZATION _____

DAY/DATE (S) REQUESTED _____

DESCRIPTION OF ACTIVITY _____

Time of Event: From _____ To _____

Arrival Time: _____ Departure Time _____

(Include a minimum of 15 minutes for setup before opening; cleanup after the event as required)

Custodian required: Yes _____ No _____

SCHOOL REQUESTED _____ **ROOMS/AREAS** _____

Number Attending Event: _____

(Police required for events with an estimated attendance exceeding 100; charges payable directly to Canton Police Dept.)

Policeman required: Yes _____ No _____

PERSON IN CHARGE OF ACTIVITY (Please include all information)

Name _____ Signature _____

Address _____

Tel No. _____ Fax No. _____ Email Address _____

SPECIAL SERVICES AND EQUIPMENT (Please include y/n and how many)

Tables _____ Chairs _____ Podium _____ Floor Microphone _____

Bleachers _____ Locker rooms _____ Overhead Projector _____

Other _____

Is Food being served? Yes ___ No ___ Kitchen Needed? Yes ___ No ___

TYPE OF SET-UP NEEDED _____

(Is diagram of special set up attached? Yes ___ No ___)

PAYMENT SCHEDULE: (Minimum charge is 2 hours; payment in full due two weeks prior to event)

Custodian charges _____ custodian(s) X _____ hours X _____ rate= _____

Cafeteria charges _____ worker(s) X _____ hours X _____ rate= _____

Administrative charge (10%) = _____

Maintenance fee (15%) = _____

Rental charge = _____

Total = _____

Security Deposit (if applicable) = _____

PLEASE RETURN COMPLETED APPLICATION TO:

Maureen Dickie

Canton High School, 900 Washington Street, Canton, MA 02021

Telephone: 781-821-5050 e-mail: dickiem@cantonma.org

Approved _____ Disapproved _____ Date _____

Principal

Received: Payment _____ Release _____ Hazing Form _____ Cert. of Insurance _____