

Facilities Use Application for Thornton Academy

Return To:

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The following, when applicable, must be provided prior to confirmation of requests (refer to policy):

- Proof of tax exemption
 - Deposit
 - Proof of Insurance (\$1 million liability and \$50,000 damages naming Thornton Academy as holder)
-

Date(s) Facility is Needed: _____ Day(s) of the Week: _____

Name of Group/Organization: _____

Contact Person: _____ Phone: _____
(Print)

Email: _____

Mailing Address (if off campus): _____

City: _____ State: _____ Zip: _____

Activity to take place (be specific): _____

Expected Attendance: _____ Revenue Generating Event: Yes No

Will you be charging an admission fee: Yes No

Use Category: School/student related
 Community-related nonprofit
 For profit (as appropriate)

Building(s): _____ Room(s)/#: _____

Parking Lot(s): _____ Field(s): _____

Times: Set-Up _____ Event Start Time: _____

Clean-Up/Out _____ Event End Time: _____

*Please note that this is the actual time you are scheduled to be in and out of the facility. Any extra time may result in charges.

Custodian Needed: Yes No Security Needed: Yes No

Equipment: Please check all equipment you will need for this event and add details where necessary.

- # _____ Chairs
- # _____ Tables
- _____ Podium
- _____ Microphone: _____ Mic with stand _____ Hand held _____ Mic with stand
- _____ Portable P.A. System
- _____ Television
- _____ DVD player
- _____ Overhead Projector
- _____ LCD Projector
- _____ Large Screen: 10 ft wide, Auditorium only
- _____ Small Screen: Cafeteria or Library
- _____ Laptop
- _____ Technician: Lighting
- _____ Technician: Audio/video support
- _____ Garbage Cans
- _____ Cafeteria: _____ Full use **OR** _____ North side (right side) _____ South side (left side)
- _____ Concession Stands: _____ Gym _____ Hill Stadium
- _____ Kitchen (Not available for use without Thornton Academy kitchen staff)
- _____ Power Source: Standard _____ 120V _____ 220V (must be approved with Maintenance)
- _____ Extra extension cords and power strips (estimate of what length is needed)
- _____ Music Risers
- _____ Stage Stairs: Auditorium or Gym, please specify

Other _____

Please note: School facilities or equipment used by the applicant will be examined before and after use. It is the responsibility of the persons or organizations using school facilities to leave them in the same condition in which they were obtained. If this is not done to the satisfaction of the Facilities Management Department, a charge may be levied for any required cleanup costs, equipment repairs and/or replacement in excess of any fees otherwise applicable.

I, as the renter/user, have read and understand the "Facilities Use Policy". My signature below indicates my full agreement to comply with and insure that all guidelines and policies are adhered to.

 Name of Applicant (Print) Date

 Associate Head of School Date

 Signature of Applicant Date

 Facilities Use Coordinator Date

Application # _____

Date(s) Facility is Needed: _____

Name of Group/Organization: _____

Contact Person: _____ Phone: _____

Email: _____

Activity to take place (be specific): _____

Please draw a diagram of desired room set-up:



Additional Notes: