

## Facilities Use Application for Thornton Academy

Return To:

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Thornton Academy  
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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: <input type="checkbox"/> Thornton Academy Activity	<input type="checkbox"/> Saco Non-Profit Youth Organization
<input type="checkbox"/> School Benefactor	<input type="checkbox"/> Saco Non-Profit Adult Organization
<input type="checkbox"/> Municipal/Recreation	<input type="checkbox"/> Saco For-Profit Organization
	<input type="checkbox"/> Non-Resident Organization

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 specify where necessary.

- # \_\_\_\_\_ Chairs
- # \_\_\_\_\_ Tables
- \_\_\_\_\_ Podium
- \_\_\_\_\_ Podium with electricity
- \_\_\_\_\_ Microphone ( \_\_ Hand Held \_\_ Lapel \_\_ Mic Stand \_\_ Other \_\_\_\_\_ )
- \_\_\_\_\_ Portable P.A. System
- \_\_\_\_\_ Easel
- \_\_\_\_\_ Television
- \_\_\_\_\_ VCR
- \_\_\_\_\_ DVD
- \_\_\_\_\_ Overhead Projector
- \_\_\_\_\_ Slide Projector
- \_\_\_\_\_ LCD Projector
- \_\_\_\_\_ Large Screen (Auditorium Only)
- \_\_\_\_\_ Small Screen
- \_\_\_\_\_ Laptop
- \_\_\_\_\_ Technician (Stage Lights)
- \_\_\_\_\_ Garbage Cans
- \_\_\_\_\_ Phone
- \_\_\_\_\_ Dry Erase and Markers
- \_\_\_\_\_ Cafeteria
- \_\_\_\_\_ Concession Stands ( \_\_ Gym \_\_ Hill Stadium \_\_ Other \_\_\_\_\_ )
- \_\_\_\_\_ Kitchen (Not available for use without Thornton Academy kitchen staff)
- \_\_\_\_\_ Lighting
- \_\_\_\_\_ Power Source ( \_\_ 120V \_\_ 230V \_\_ 208V \_\_ Other \_\_\_\_\_ )
- \_\_\_\_\_ Risers
- \_\_\_\_\_ Stage Stairs

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Director of Facilities Management Date

\_\_\_\_\_  
Signature of Applicant Date Facilities Use Coordinator Date

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For Office Use Only:  
 Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_ Invoice attached: Yes No Tax exemption: Yes No  
 Insurance Company: \_\_\_\_\_ Policy/Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Application # \_\_\_\_\_

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Please draw a diagram of desired room set-up:



Additional Notes: