

Facilities Use Application for Thornton Academy

Return To:

Gary Stevens
Thornton Academy
Athletic Director
438 Main Street
Saco, ME 04072

(207)282-3361 x4406
(207)602-4406
(207)282-3508 Fax
gary.stevens@thorntonacademy.org

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: Thornton Academy Activity Saco Non-Profit Youth Organization
 School Benefactor Saco Non-Profit Adult Organization
 Municipal/Recreation Saco For-Profit Organization
 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

For Office Use Only:

Date received: _____ Date approved: _____ Invoice attached: Yes No Tax exemption: Yes No

Insurance Company: _____ Policy/Certificate #: _____ Expiration 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: