

**This is your bill** mail check to:  
 Office of the Superintendent  
 370 Hollis St  
 Holliston, MA 01746

**Holliston Public Schools  
 Holliston MA 01746**

**Application for Use of Facilities**

TO BE FILED IN DUPLICATE

Organization \_\_\_\_\_ (For Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ )

Applicant \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_

Facilities: Class Rm(s). \_\_\_\_\_ Gym \_\_\_\_\_ Cafe \_\_\_\_\_ Auditorium\* \_\_\_\_\_ Kitchen\* \_\_\_\_\_

Date(s) Requested \_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.\*\*

(Include preparation time) \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m.\*\* (all events must end by 10:00p.m.)

Purpose

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Attendance \_\_\_\_\_

Is the event open to the public? Yes \_\_\_ No \_\_\_

Are decorations to be used? Yes \_\_\_ No \_\_\_

Will equipment be brought in? Yes \_\_\_ No \_\_\_

Is Equipment required? \* \* \* (describe) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Additional Information

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The undersigned accepts the responsibility for the observance of School Committee policy and rules and regulations for policy regarding the use of school facilities and for all Federal, State and Local regulations that may pertain to the request usage.

\_\_\_\_\_  
 Applicant Signature Organization

\_\_\_\_\_  
 Applicant Address Date

\_\_\_\_\_  
 Phone

For Office Use Only	
Date Rec'd	_____
Available	Yes ___ No ___
Ins. Proof	_____
Approved by Principal	
_____	
Dates	_____
_____	
_____	
Charges:	
Rental Fee	_____
Cafeteria Fee	_____
Technician Fee	_____
Security Deposit	_____
Other Fee	_____
Total _____	
Remarks:	
_____	
_____	

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
 Principal's Signature

\* Additional staff may be required

\*\* If actual times exceeds estimate, a supplemental charge will be added

\*\*\* A security deposit may be required