

ELLSWORTH SCHOOL DEPARTMENT  
FACILITIES REQUEST FORM

Organization Name/Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Activity Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Non-Profit: YES NO EIN #: \_\_\_\_\_

Facility Requested: \_\_\_\_\_

- |                                     |                                          |
|-------------------------------------|------------------------------------------|
| EHS Gymnasium                       | EHS Tennis Courts                        |
| EHS Café                            | EEMS Softball Field                      |
| EHS All Purpose Room                | Del Luce Stadium Track – City Owned      |
| EHS Cafeteria w/Kitchen             | HCTC Cafeteria                           |
| EHS Theater                         | HCTC Cafeteria w/Kitchen                 |
| EHS Theater w/Kitchen               | Classrooms (Specify Site and # of Rooms) |
| EEMS Large Gymnasium                | EEMS Small Gymnasium                     |
| EHS Cafeteria                       | EHS Baseball Field                       |
| Del Luce Stadium Field – City Owned | EHS Softball Field                       |
| EEMS Baseball Field                 | EHS Football Field                       |

Activity Description and Special Equipment Needs:  
\_\_\_\_\_  
\_\_\_\_\_

Dates facility requested for:  
\_\_\_\_\_

Starting Time:\_\_\_\_\_ Ending Time: \_\_\_\_\_ Estimated Number of People: \_\_\_\_\_

Will this activity be open to the public? Yes\_\_\_ No\_\_\_

If yes, will there be admission charged or donations requested? Yes\_\_\_ No\_\_\_

How will the proceeds be used?\_\_\_\_\_

**Agreement for Use of ESD Facilities**

All members and guests of the above named organization or group will observe the policies of ESD. Individually and as an organization or group, we will assume full financial responsibility for any and all damages and additional costs caused to ESD property and equipment during the period of use. The above named individuals and organization or group, will indemnify ESD against any loss, damage, or expense of any kind which ESD may sustain or incur because of the use of the facilities or equipment by the individuals, organization or groups. ESD will be held blameless for loss of any kind in connection therewith. **Users approved for use of ESD facilities agree that unauthorized use of ESD equipment, supplies, classroom materials, etc. may result in loss of privilege to use ESD facilities in the future.**

ELLSWORTH SCHOOL DEPARTMENT

I have read the policies and understand and agree to the terms of use set forth, and I am authorized to sign for the individual, organization or group.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Certificate of Insurance Required: Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes attach copy to this form) (MILLON DOLLAR LIMIT REQUIRED)

Building Principal's Approval	Date	Superintendent's Approval	Date

Estimated Expenses:

Basic Rental Fee:	_____
Estimated Costs for Staff Services	_____
Estimated Total:	_____

Actual Expenses:

Basic Rental Fee:	_____
Actual Costs for Staff Services	_____
Additional Charges (see below)	_____
Actual Total:	_____

Please make payment by check payable to: Ellsworth School Department  
66 Main Street, Suite 201  
Ellsworth, Maine 04605

Additional costs will be charged if actual expenses exceed estimates, if damages to facilities or equipment occur, or if additional clean-up is required.

School officials will review condition of location used/rented by users as soon as practicable. If damages to facilities or equipment have occurred, or if supplies/equipment are missing, or if additional clean-up is required, the user may not be permitted to use ESD facilities in the future.

**Adopted: April 14, 2015**

**Amended: October 9, 2018**