

**OFFICE OF THE SUPERINTENDENT OF SCHOOLS**  
**FREETOWN-LAKEVILLE REGIONAL SCHOOLS**

TO: Facilities Use Applicants

FROM: Alan J. Strauss  
Superintendent of Schools

RE: Facilities Use Forms

The information contained in this packet provides you with the application forms and process required to use the facilities on the Freetown-Lakeville Regional Schools' campus. Please know that completing this application does not guarantee use. Availability of our buildings and grounds takes into account several factors. First preference will be given to scheduled school events (plays, musicals, and athletics). Second preference will be events planned by the Campus Programs Department. Once those needs have been met and availability has been determined, your request will be reviewed in a timely manner. Should a request not be approved, please respect our decision. Reason(s) your request was not granted will be provided to the contact person.

We encourage community use of our facilities.

Thank you.

AJS:rr  
Attachment

**FREETOWN-LAKEVILLE REGIONAL SCHOOLS**  
**BUILDING USE FORM**

Date(s) Requested: \_\_\_\_\_

Time: (From: \_\_\_\_\_ to \_\_\_\_\_) Time of Event: \_\_\_\_\_

Applying Organization: \_\_\_\_\_ Date Applying: \_\_\_\_\_

Facility/Field Requested: \_\_\_\_\_ Room(s)/Area Requested: \_\_\_\_\_

Approximate number of people who are to attend: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Organization individual to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

I have read and agree to adhere to the facility/grounds use regulations. I attest that all volunteers participating in this program have undergone a CORI investigation and have been found acceptable.

All applications are required to have insurance coverage. Please submit a certificate of property damage and liability insurance with your application directly specific to the requested facility.

Arrangements for facilities should be made with the Campus Programs Department at least 14 days prior to the event. Forms are available at the Campus Programs office and can be found online at [www.freelake.org](http://www.freelake.org). Please return the building use packet to the Campus Programs Office located at the George R. Austin Intermediate School.

**If you have any questions, call Campus Programs Director at (508) 923-2000 Ext. 1719.**

Technology requested (minimum 7 days in advance) __ yes __ no	
Projector__	Promethean Board__
Microphones__	Device Adapters__
Wifi Access__	Speaker System__
Web Camera__	Wireless Clicker__
Extra Powerstrip__	Loaner Device__
Printer\Copier Access__	Headphones__
Other__	
Description _____	
Equipment requested __ yes __ no	
Description _____	
Special Set-up? __ yes __ no	
Description _____	

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**For Office Use Only:** Facility reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Equipment Reserved: \_\_\_\_\_ Police Required: \_\_\_\_\_

Campus Programs Facilitator or Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

Principal / Designee

NOTES:

(over)

**FREETOWN-LAKEVILLE REGIONAL SCHOOLS**  
**BUILDING USE FORM**

**OPTION 1: ONE TIME EVENT**

Gymnasium	\$ 70.00 per hour	Gymnasium with Locker Rooms	\$100.00 per hour
Cafeteria	\$ 70.00 per hour	Cafeteria and Kitchen	\$100.00 per hour
Lecture Hall	\$ 70.00 per hour	Auditorium	\$100.00 per hour
Media Center	\$ 70.00 per hour	Group Projects Room	\$ 40.00 per hour
Classroom	\$ 40.00 per hour	Field & Grounds	\$100.00 per hour per field
Pool	\$100.00 per hour		

Additional light, sound system, supervision fee \$ 15 per hour

**OPTION 2: CONTINUAL USE DURING SPECIFIC SEASON**

\$40 per participant

Summer, Fall, Winter, and Spring Seasons

**OPTION 3: MONTHLY POOL RENTAL**

As negotiated

SCHOOL RELATED ACTIVITIES / TOWN GOVERNMENT – FEE WAIVED

Additional custodial charges may apply depending on event needs.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Individual Responsible for Payment

Please make checks payable to FLRSD (Freetown Lakeville Regional School District).

**Office Use Only**

Total Hours Requested: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Rental Fee Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Custodian(s) Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Number: \_\_\_\_\_  
Estimated Cost of Custodians (3-hour minimum per contract) Amount: \$ \_\_\_\_\_

Kitchen Worker(s) Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Number: \_\_\_\_\_  
Estimated Cost of Kitchen Workers (3-hour minimum) Amount: \$ \_\_\_\_\_

Lifeguard(s) Required Yes \_\_\_\_\_ No \_\_\_\_\_ Number: \_\_\_\_\_  
Estimated Cost of Lifeguards Amount: \$ \_\_\_\_\_

Insurance Form Received: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Received: \_\_\_\_\_

Police Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Number: \_\_\_\_\_

**TOTAL COST: \$ \_\_\_\_\_**

**NOTE: Use of facilities CANNOT conflict with scheduled events of the Freetown-Lakeville Regional Schools.**

Approved by Principal: \_\_\_\_\_

Date: \_\_\_\_\_