

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 75: Request for Use of School Facilities

Return this form to the school office where the event will occur.
 For Orion Performing Arts Center, contact the OPAC Coordinator at 729-2950 ext.7; 50 Republic Dr. Topsham, ME 04086
 For MTA High School Gym or Athletic Fields, contact the Athletic Director at 729-2951 ext. 213.
 For MTA Middle School Gym or Athletic Fields, contact the Athletic Director at 729-2950 ext. 2506.

School to be used: _____ **Date(s) of Event:** _____

Name of sponsor, event, and brief description: _____

_____ **Estimated attendance:** _____ **Will admission be charged?** _____

DATES AND TIMES FOR EVENT (A sketch of your set-up is also required.):
 (For excellent service, please be clear. Use more than one line and additional space on p.3 of this form, if needed.)

Day	Date	Arrival & Departure Times	Total Hours	Type of Activity (Rehearsal, Meeting, Practice, etc.)	Specific Location(s) Needed (Include Room # if known (Classroom, Cafeteria, Kitchen, Gym, Field, Parking Lot, Orion stage, Orion lobby, etc.))	Required Set-Up and Equipment for Each Location (Be specific; no equipment will be provided without prior notice.)
Mon	1/11/13	3pm-10pm (EXAMPLE)	7 hrs	Board Meeting (EXAMPLE)	Double Classroom (EXAMPLE)	U-shaped Table with Skirt, Audience Theatre Seating, podium, 2 mics, projector

SPONSOR GROUP DETAILS (Check one): For-profit Non-profit Municipal (SAD No. 75)

Sponsor Group: _____ Contact Person: _____

Email: _____ Phone (Day): _____

Phone (Evening): _____ Phone (Cell): _____

Full Address (Street, Town, State, ZIP) _____

Billing Contact & Address (if different from above): _____

SIGNATURE (required):

I understand that both the organization I represent and I are bound by the MSAD No. 75 Policies and Procedures for School Facility Use, and that we will comply with all aspects of those policies.

Signature: _____ **Date:** _____

To be completed by administration:
FEE ASSESSED (\$\$ amount): _____
SECURITY REQUIRED: YES or NO (Describe type & number): _____
***APPROVAL:** _____ **Date:** _____
 *Facility Administrator for Buildings and Parking Lots, OPAC Coordinator for the Orion Performing Arts Center, and Athletic Directors for Gym and Fields at Mt. Ararat Middle and High Schools.

Please complete p. 2 for: 1) Specific information required for Orion use, 2) Fee assessment, 3) Insurance information.

FOR ALL GROUPS:

INSURANCE (required by outside groups using school facilities)

Insurance provided by: _____

Please present a Certificate of Insurance naming MSAD No.75 as an additional insured with this Request for Use form.

The following additional section is required for use of the Complete page one of this form as well.

Orion
Performing Arts Center

TICKET PRICES / CONCESSION INFORMATION:

Adult: \$ _____ Child: \$ _____ Student : \$ _____ Senior: \$ _____ Estimated Attendance: _____

Group Rate (if applicable): _____ General Admission or Reserved Seating: _____

Will there be an intermission? Yes or No If so, when and how long? _____

Will there be concessions? Yes or No Caterer (If applicable): _____

PLEASE NOTE: NO ALCOHOLIC BEVERAGES ARE ALLOWED ON THE ORION PREMISES.

PERFORMANCE DATE(S) & START TIME: _____

EQUIPMENT/MATERIALS SPECIFIC TO THE ORION:

Below you will find equipment that can be provided by the Orion. Please check the appropriate box or write the number of item(s) you will need. Please see attached sheet for pricing.

SOUND	
Piano	
Sound System	
# of Mics	
Tape Deck	
CD Player	
Sound Technician	
LIGHTING	
General	
Theatrical	
Light Technician	

STAGING EQUIPMENT			
# of Chairs			
# of Tables			
Lectern (speaker)			
Podium (conductor)			
Choral Risers			
Video Projector/Screen			
MISCELLANEOUS			
Ushers/Ticket Takers			
Refrigerator			
Dressing Rooms			
SEATING (Check one)			
700 Audience Seats		900 Audience Seats	

What, if any, equipment or materials will your group be bringing into the Orion?

Examples: sound or light boards, microphones, spotlights, etc.

PLEASE PROVIDE A SKETCH OF YOUR REQUIRED SET-UP.

