

UPPER CAPE COD REGIONAL TECHNICAL SCHOOL

REV:09/07

BUILDING USE REQUEST FORM

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

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor of Event: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If different from Contact Person)

E-mail address: \_\_\_\_\_

Non-Profit: \_\_\_\_\_ Profit: \_\_\_\_\_ Copy of liability insurance: \_\_\_\_\_  
(Please attach to this request form)

Will you be charging participants a fee? \_\_\_\_\_ If yes, how much per participant? \_\_\_\_\_

Area Requested: \_\_\_\_\_ Number of People: \_\_\_\_\_

Date(s) and Times: \_\_\_\_\_

Purpose: \_\_\_\_\_

AV Equipment: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_

THIS SPACE FOR SCHOOL USE ONLY

	<b><i>Fee Charged</i></b>	<b><i>Application Reviewed By:</i></b>
Classroom	_____	_____
Computer Lab w/Tech	_____	Athletic Director (Fields & Gym) – Bob Joyce
Cafeteria	_____	_____
Canalside Dining Rm	_____	Field Supervisor – Joshua Greeley
Gazebo	_____	_____
Gymnasium	_____	Team Supervisor (Café & Canalside) – Tom Silvia
Fields	_____	_____
Conference Room	_____	Evening School Director - Patricia McPartland
AV Equipment	_____	_____
AV Personnel	_____	Superintendent - Kevin Farr
Custodial	_____	_____
Cafeteria Personnel	_____	_____
Monitor	_____	_____
<b>TOTAL</b>	<b>\$</b> _____	<b>Date verified via phone:</b> _____ <b>Date confirmation sent:</b> _____

If necessary, use back of form to calculate.

**Date invoice sent:** \_\_\_\_\_ **Date payment received:** \_\_\_\_\_

\_\_\_\_\_