



# Town of Cohasset

## Facilities Operations

### AUTHORIZATION FOR USE OF FACILITIES

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

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name of party responsible for rental fee if different from applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Building Requested \_\_\_\_\_

Specific Area requested \_\_\_\_\_

Date Requested \_\_\_\_\_

Time Requested \_\_\_\_\_

Purpose of event \_\_\_\_\_

Estimated # of Participants \_\_\_\_\_

# of Spectators \_\_\_\_\_

Admission Charge (if any) \_\_\_\_\_

Custodian Requested Y N

If yes number of hours \_\_\_\_\_

Certificate of Insurance (Policy #) \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

***The applicant hereby agrees to conform to the regulations established by the Cohasset School Committee for the use of school facilities and accepts all financial responsibility for repairing or replacing in kind any damage to equipment or facilities used. (see reverse for details) Facility charges are \$ 25 per hour for the first two hours, anything over 2 hours is charged at \$ 60 per day. Overtime charge for custodial coverage is \$ 31.70 per hour.***

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

School Principal Signature _____	Date _____	Parks and Recreation (field use only) _____	Date _____
Facilities Manager _____	Date _____	Superintendent of Schools _____	Date _____
Police Detail Required Y N if yes number of Officers _____	Duration of shift _____	charge _____	
Custodian Required Y N if yes number of custodians _____	Duration of shift _____	charge _____	
Kitchen staff Y N If yes number of workers _____	Duration of shift _____	charge _____	
Building/Area Requested _____	Number of Hours _____	Facility charge _____	
		Additional charges _____	
Date Billed _____		<b>Total amount Due</b> _____	
		Deposit amount if any _____	
Payment received _____	Form of payment _____	Received by _____	