

CHRHS Request for Facility Use

Organization: _____ Today's Date: _____

Contact Name: _____ Phone: _____ Email: _____

Address: _____

Name of Event: _____

Type of Event: music dance speaker meeting athletic other

Fee Category: are you charging an entrance fee to your event? Yes No

Date of Event: _____ Need Snow Date? Yes No

Time of Event: _____ Set-up Time: _____ End Time: _____

Rooms Requested: Stom Gym
 Black Box Mini Gym
 Dressing Rooms Varsity Fields
 Chorus Room Practice Fields
 Band Room Track
 Café Parking Lots
 Café Concessions Outdoor Concessions
 Classrooms: need _____ classrooms Other: _____

Equipment: Piano Baby Grand Piano Upright Projector
 Tables: _____ Chairs: _____ Mics: _____ Athletic: _____

Strom Tech Needs: Sound: vocal mics instrumental mics
 Lights: general stage/house lighting specials
 Stage Management Load in/out assistance

Additional Information:

Insurance and Damage information:

*Per Five Town CSD policy KFB, a certificate of insurance in the amount of \$1,000,000.00 naming the Five Town CSD as an additional insured and covering the period under contract is required for all events using the Strom Auditorium, gymnasiums, kitchen and outdoor bleachers, and all other events that charge an admission fee. This certificate must be presented prior to the start of the period covered by this contract. Local school districts and municipal governments are not required to provide an insurance certificate. If your organization is not using the Strom Auditorium, gymnasiums, kitchen or outdoor bleachers and you do not have insurance, you must sign the Damage Responsibility section below.
Please go to www.fivetowns.net/chrhs/rental.cfm to review policy KFB.*

I will provide an insurance certificate as required.

OR

I have read and understand Five Town CSD policy KFB and agree that I am financially responsible for any damage to the facilities, and that the Five Town CSD is not responsible for loss of or damage to articles brought to the facility.

Signature

Organization

Date

Please complete and return to: Shaunna Brown, Camden Hills Reg HS, 25 Keelson Drive, Rockport, ME 04856
shaunna.brown@fivetowns.net

Office Use Only:

Notify: _____ Facilities _____ Strom Manager _____ Food Services _____ Athletic Director