

# REGIONAL SCHOOL UNIT #26

## Office of Building Facilities

10 Goodridge Drive, Orono, Maine 04473  
Tel: (207) 866-7110 x102. Fax: (207) 886-4217  
bfournier@rsu26.org

### Application for Use of School Facilities

#### 1 ALL APPLICANTS MUST COMPLETE

School Requested: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Name: \_\_\_\_\_ Non-Profit/501c3 Status: \_\_\_\_\_  
Purpose of Rental: \_\_\_\_\_ # of Attendees: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Room or Facility: _____	Date: _____	Hours: _____	AM/PM _____	AM/PM _____
Room or Facility: _____	Date: _____	Hours: _____	AM/PM _____	AM/PM _____
Room or Facility: _____	Date: _____	Hours: _____	AM/PM _____	AM/PM _____
Room or Facility: _____	Date: _____	Hours: _____	AM/PM _____	AM/PM _____

#### 2 ONLY BY NON-RSU 26 OR NON-ORONO MUNICIPAL AFFILIATED GROUPS

##### CERTIFICATE OF LIABILITY INSURANCE REQUIREMENTS

A certificate of insurance must be provided naming RSU 26 Board of Education as additional insured parties and must indicate Limits of Liability of at least and indicate Limits of Liability of at least \$1,000,000.00 of each occurrence, \$1,000,000.00 aggregate bodily injury liability, \$300,000.00 property damage and \$20,000,000. Umbrella Liability Coverage. (see sample certificate) Third party contractors must provide same coverages.

##### HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

The \_\_\_\_\_ hereby agrees to indemnify and hold harmless the RSU 26 School Board, its officers, agents and employees from any and all liability, claims, costs and attorney's fees arising out of the use of Board property and further agrees to indemnify and hold harmless the RSU 26 School Board, its officers, agents and employees from any and all liability, claims, costs and attorney's fees if the event does not take place for any reason or if the requested permit is revoked by the RSU 26 Superintendent of Schools.

The \_\_\_\_\_ does hereby agree to recognize and comply with all RSU 26 AC Non-Discrimination policies.

The \_\_\_\_\_ agrees to reimburse the RSU 26 District for any and all damages, consequential or otherwise, if the event does not take place for any reason whatsoever, or if the requested permit is revoked at the sole discretion of the RSU 26 Superintendent of Schools.

#### 3 ALL APPLICANTS MUST COMPLETE

By signing this Application for Use of School Facilities, applicant is acknowledging and agreeing to on behalf of the Organization to all Rules, General Regulations, Terms and Conditions listed on the reverse side or separate page and to the above Liability Insurance Requirements, the Hold Harmless and Indemnification Agreement and to the RSU 26 School Board Use Policy KF and Non-Discrimination Policy AC.

Applicant Signature

Printed Name

Date

**\$25.00 Deposit is Due upon Form Submission**  
Return Completed Form to School Office

**4 SCHOOL USE ONLY**

Principal Approval: \_\_\_\_\_ Available: \_\_\_\_\_ Yes \_\_\_\_\_ No

Athletic Director Approval (if applicable): \_\_\_\_\_ Added to Calendar: \_\_\_\_\_ Yes \_\_\_\_\_ No

**5 CENTRAL OFFICE USE ONLY**

**Director of Facilities**

Application Approved: \_\_\_\_\_ Director of Food Services: \_\_\_\_\_ (if applicable)  
Not Approved: \_\_\_\_\_ Business Manager: \_\_\_\_\_ (if applicable)

**Billing Estimate:** Actual charges may differ from estimate based upon required amount of time facility is used, and time required to clean areas used. Custodial time charged will include any time required to return the areas used to "ready for school" condition.

**Estimate**

Location: \_\_\_\_\_ Hours: \_\_\_\_\_ @ \_\_\_\_\_ per hour  
Location: \_\_\_\_\_ Hours: \_\_\_\_\_ @ \_\_\_\_\_ per hour  
Custodial Staff Hours: \_\_\_\_\_ @ \_\_\_\_\_ per hour  
Kitchen Staff Hours: \_\_\_\_\_ @ \_\_\_\_\_ per hour  
Other: \_\_\_\_\_ Hours: \_\_\_\_\_ @ \_\_\_\_\_ per hour  
Total Estimate \$ \_\_\_\_\_

**6 RETURN TO SCHOOL OFFICE**

**Section V1: Return to School Office**



\_\_\_\_\_ Confirmed on Calendar (if approved) \_\_\_\_\_ Date  
\_\_\_\_\_ Removed from Calendar (if not approved) \_\_\_\_\_ Date  
\_\_\_\_\_ Notification of Requesting Organization of Approval Status \_\_\_\_\_ Date

**7 FINAL BILLING SUMMARY**

**Section VII: Final Billing Summary**

**Billing/Payment**

Deposit Received \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Final Amount Billed \$ \_\_\_\_\_  
Final Bill Date: \_\_\_\_\_ Date Received: \_\_\_\_\_