

SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT  
491 Berkshire School Road  
PO Box 339  
Sheffield, MA 01257  
(413) 229-8778

APPLICATION FOR FACILITIES USE

Procedures/Rules and Regulations

1. Complete the application. Application should be submitted a minimum of 2 weeks prior to the desired rental date.
2. Applicant shall not advertise the event until official approval is obtained from the Superintendent.
3. CERTIFICATE OF INSURANCE – Groups will be required to provide a Certificate of Insurance naming the Southern Berkshire Regional School District, 491 Berkshire School Road, Sheffield, MA as a named insured on their insurance liability policy at amounts agreeable to the district. (Please see attached “Community Use of District Facilities” document.)
4. The attached Hold Harmless Form must also be completed and submitted with your application.
5. All facility users will observe all fire and safety regulations as they are posted within each facility.
6. Adequate and responsible adult supervision shall be provided at all activities for youth groups using district facilities. The adult in charge of the activity should be present at least fifteen minutes prior to the arrival of the participants and until the last participant has left. If the adult supervisor is also the driver, he/she may arrive and leave with the students.
7. Groups using the grounds or the gymnasium are not allowed to leave sports equipment on the playground or in the gym between practices or games. The school is not responsible for any property or equipment left in the building.
8. Smoking, alcohol and controlled substances are prohibited on all school premises.
9. If any space/furniture is rearranged, it must be put back in its original position.
10. Food and beverages are permitted in designated areas only.
11. You will be billed for applicable rental fees and any custodian/cafeteria worker fees.
12. If the administration needs to cancel your event for any reasons, i.e. a school event scheduled after this building use form is approved, schools closed due to snow or other emergency, credit will be given for a future event or a refund will be issued.
13. Facilities will only be available for use by the general public when not otherwise required in connection with the educational mission of the SBRSD or its sponsored activities.
14. By allowing use of its facilities, the Southern Berkshire Regional School District is not endorsing, supervising, or participating in the organizations using school property.

**SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT  
APPLICATION FOR USE OF SCHOOL FACILITIES/GROUNDS & EQUIPMENT**

**DIRECTIONS TO APPLICANT:** Complete and submit to the Superintendent of School's designee. The Business Manager's signature on the original constitutes a contract for the applicant's use of facilities, grounds or equipment as specified below.

Name of the Group: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Billing Address if different from above: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Facilities Requested: (check all that are applicable)

- |  |  |                                       |   |                                    |
|--|--|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Elementary Cafeteria    | <input type="checkbox"/> MS/HS Cafeteria       | <input type="checkbox"/> Kitchen      | <input type="checkbox"/> Elementary Gym | <input type="checkbox"/> MS/HS Gym |
| <input type="checkbox"/> TAC/PAC                 | <input type="checkbox"/> Computer Lab          | <input type="checkbox"/> Eagles Loft  | <input type="checkbox"/> Lobby          | <input type="checkbox"/> Band Room |
| <input type="checkbox"/> Elementary Library      | <input type="checkbox"/> MS/HS Library         | <input type="checkbox"/> Other: _____ |   |                                    |
| <input type="checkbox"/> New Marlborough Central | <input type="checkbox"/> South Egremont School |                                       |   |                                    |

Equipment Needed: \_\_\_\_\_  
(i.e. projectors, computers, laptops, chairs, tables, piano, etc)

Type of Activity: Practice: \_\_\_\_\_ Performance: \_\_\_\_\_ Other: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Day(s) of Week: \_\_\_\_\_

Time Beginning: \_\_\_\_\_ A.M./P.M. Time Ending: \_\_\_\_\_ A.M./P.M.

Time Facility will be needed for preparation: \_\_\_\_\_ Clean-up by District:  Yes  No

Anticipated number of persons to be in attendance: \_\_\_\_\_ Fee to be charged to those attending: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE DISTRICT OFFICE**

**BEFORE USE**

Individual: \_\_\_\_\_ Civic: \_\_\_\_\_ Non Civic: \_\_\_\_\_ Rental Fee: \_\_\_\_\_ Certificate of Insurance Required: \_\_\_\_\_

Custodial Fee: \_\_\_\_\_ Cafeteria: \_\_\_\_\_ Technician(s): \_\_\_\_\_ Food Worker: \_\_\_\_\_

Space and Time reserved on: \_\_\_\_\_ by: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved: \_\_\_\_\_ Business Administrator Date: \_\_\_\_\_

Check if copy has been sent to: Applicant  Principal  Head Custodian  Business Office   
Food Service  Other \_\_\_\_\_

**AFTER USE**

Rental Fee: \_\_\_\_\_ Service Fee: \_\_\_\_\_ Repair Charges: \_\_\_\_\_

Credited to Account: \_\_\_\_\_