

Principal Signature: __

Somerset Berkley Regional High School

Somerset, Massachusetts Application for In-House Facility Usage



Date: _____

Name of Organization:					
Person Responsible:					
Date(s) to be Used:					
Facilities Requested:					
Door(s) to be unlocked:	Where:	Where: Time Unlocked: 7		Time Locked:	
Set Up Time to be used:	Date:	Start Time:	End Time: _	Exit:	
Event Time(s) to be used:	Date:	Start Time:	End Time: _	Exit:	
	Date:	Start Time:	End Time: _	Exit:	
Type of Activity:					
AV Equipment Needed?	AV Equipment Needed? Yes: No: If AV needed, please complete back of form.				
If the above permission is a Somerset Berkley Regional 1. No smoking/v 2. No alcoholic be a Somerset Berkley Regional 1. No smoking/v 2. No alcoholic be a Some service by a support of service be a support of the service between the service berkley and results of the service between the service between the service berkley and results and results are service between the service betwe	granted, we her I School Commaping is allowed in severages are allowed be brought to the Ing Center. The sool's public addresool's lighting system advertised, sold agrees to be responsively resulting from agrees to assume the lease the School on is to use only the solid property in the severage of the severage and the severage and the severage are severag	nittee. In the building or on school wed in the building or on so building unless special personal pe	with the following of grounds. Suchool grounds. It is granted, as a rained personnel. It is granted to make a resulting in any phy from such liability. The lanes must not be must be placed in approximation of the placed in approximation.	rules & regulations of the nd then only if confined to the without permission of the School e restitution for any damage to or loss sical harm to person(s) on the ing the time period granted. e blocked. Vehicles are not allowed	
Signature of Responsible P	arty:			Date:	

A.V. Request for Performing Arts Center and Student Dining Center

Organiza	tion:		
Event:			
Date(s) R	equested:	Location(s):	
Time(s) I	Equipment is Requested For:		
Select Eq	uipment Needed: (please note number	of each item needed)	
N	Microphone(s)		
N	Microphone Cable(s)		
P	Podium(s)		
P	Projection Screen		
E	Extension Cord		
I	captop Connectors (apple connector)		
S	tage Lights		
(Other:		
(Other:		
Addition	al Comments:		

All special requests and/or set-up schematics should be forwarded to the Music Coordinator **at least** 48 hours prior to event.