

**MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 75: *Request for Use of School Facilities***

Return this form to the school office where the event will occur.  
 For Orion Performing Arts Center, contact the OPAC Coordinator at 729-2950 ext.7; 66 Republic Dr. Topsham, ME 04086  
 For MTA High School Gym or Athletic Fields, contact the Athletic Director at 729-2951 ext. 213.  
 For MTA Middle School Gym or Athletic Fields, contact the Athletic Director at 729-2950 ext. 2506.  
 \*\*If any KITCHEN is needed, please indicate below, and contact Food Services Director at 729-9961 ext. 238

**School/Facility:** \_\_\_\_\_ **Date(s) of Event:** \_\_\_\_\_ **Will admission be charged?** \_\_\_\_\_

**Name of sponsor, event, and brief description:** \_\_\_\_\_

**Food Services has been contacted and will be providing food:** \_\_\_ Y \_\_\_ N; **Estimated attendance:** \_\_\_\_\_

**DATES AND TIMES FOR EVENT (A sketch of your set-up is also required.):**  
 (For excellent service, please be clear. Use more than one line and additional space on p.3 of this form, if needed.)

Day	Date	Arrival & Departure Times	Total Hours	Type of Activity & Time of Event	Specific Location(s) Needed Include Room # if known (Classroom, Caf�., Kitchen, Gym, Field, Orion stage, Orion lobby, etc.)	Required Set-Up and Equipment for Each Location (Be specific; no equipment will be provided without prior notice.)
Mon.	1/11/13	Example: 3p.m.-10p.m.	7 hrs.	Board Meeting, 6-8 p.m.	Double Classroom	U-shaped table with skirt, Audience theater seating, podium, 2 mics, projector

**SPONSOR GROUP DETAILS**

Sponsor Group: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Best phone number: \_\_\_\_\_

Full Address: (Street, Town, State, ZIP): \_\_\_\_\_

Billing Contact & Address (if different): \_\_\_\_\_

According to Procedure KF-R, I believe that my group qualifies for the following *usage fee* categorization:

\_\_\_ Fee exempt                      \_\_\_ Fee Chart A                      \_\_\_ Fee Chart B

for this reason: \_\_\_\_\_

**SIGNATURE (required):**

*I understand that the sponsoring group I represent and I are bound to the M.S.A.D. No. 75 Policy (KF) and Procedures (KF-R) for Community Use of School Facilities.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>To be completed by administration: INFO. SENT TO:</b> ___ Custodial ___ Tech Staff ___ Calendar                  ___ Confirmation Sent to Requestor</p> <p><b>FEE(S) ASSESSED:</b> ___ N/A    \$ _____ (usage fee)    \$ _____ (staffing fee): \$ _____ TOTAL</p> <p><b>INSURANCE REQ'D:</b> ___ No ___ Yes (Group must present a Cert. of Insurance naming M.S.A.D. No. 75 as an add'l insured.)</p> <p><b>POLICE PRESENCE:</b> ___ Yes ___ No (Number of officers): _____</p> <p><b>*APPROVAL:</b> _____ Date: _____</p> <p><small>*Facility Administrator for Buildings and Parking Lots, OPAC Coordinator for the Orion Performing Arts Center, and Athletic Directors for Gym and Fields at Mt. Ararat Middle and High Schools.</small></p>
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**Please complete p. 2 for specific information required for Orion use.**

The following additional section is required for use of the Complete page one of this form as well.

**TICKET PRICES / CONCESSION INFORMATION:**

Adult: \$ \_\_\_\_\_ Child: \$ \_\_\_\_\_ Student : \$ \_\_\_\_\_ Senior: \$ \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Group Rate (if applicable): \_\_\_\_\_ General Admission or Reserved Seating: \_\_\_\_\_

Will there be an intermission? Yes or No If so, when and how long? \_\_\_\_\_

Will there be concessions? Yes or No Caterer (If applicable): \_\_\_\_\_

**PLEASE NOTE: NO ALCOHOLIC BEVERAGES ARE ALLOWED ON THE ORION PREMISES.**

**PERFORMANCE DATE(S) & START TIME:** \_\_\_\_\_

***EQUIPMENT/MATERIALS SPECIFIC TO THE ORION:***

Below you will find equipment that can be provided by the Orion. Please check the appropriate box or write the number of item(s) you will need. Please see attached sheet for pricing.

<b>SOUND</b>	
Piano	
Sound System	
# of Mics	
Tape Deck	
CD Player	
(Name of your Sound Tech)	
<b>LIGHTING</b>	
General	
Theatrical	
(Name of your Light Tech)	

<b>STAGING EQUIPMENT</b>			
# of Chairs			
# of Tables			
Lectern (speaker)			
Podium (conductor)			
Choral Risers			
Video Projector/Screen			
<b>MISCELLANEOUS</b>			
Refrigerator			
Dressing Rooms			
Man-lift (requires training and indemnification)			
<b>SEATING (Check one)</b>			
700 Audience Seats		900 Audience Seats	

**What, if any, equipment or materials will your group be bringing into the Orion?**

**Examples: sound or light boards, microphones, spotlights, etc.**

**PLEASE PROVIDE A SKETCH OF YOUR REQUIRED SET-UP.**

