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

Return this form to the school office where the event will occur.

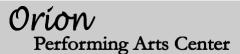
For Orion Performing Arts Center, contact OPAC Coordinator at 729-2950 ext.7506; 66 Republic Dr. Topsham, ME 04086
For MTA High School Gym or Athletic Fields, contact the Athletic Director at 729-2951 ext. 8080.
For MTA Middle School Gym or Athletic Fields, contact the Athletic Director at 729-2950 ext. 7142.

**If any KITCHEN is needed, please indicate below, and contact Food Services Director at 729-9961 ext. 1025.

School/Facility:Date(s) of Event:Will admission be charged?:YN							
Name of sponsor, event, and brief description							
Food	Food Services has been contacted and will be providing food:YN; Estimated attendance:						
					et-up is also required.): n one line and <u>additional space c</u>	on p.3 of this form, if needed.)	
Day	Date	Arrival & Departure Times	Total Hours	Type of Activity & Time of Event	Specific Location(s) Requested Include Room # if known (Classroom, Café., Kitchen, Gym, Field, Orion stage, Orion lobby, etc.)	Set-Up and Equipment Requested for Each Location (Be specific; no equipment will be provided without prior notice.)	
Mon.	1/11/13	Example: 3p.m10p.m.	7 hrs.	Board Meeting, 6-8 p.m.	Double Classroom	U-shaped table with skirt, Audience theater seating, podium, 2 mics, projector	
		 GROUP DETAI up:					
					Best phone number:		
					pest phone namber:		
	_	•		•	ualifies for the following <i>usage fe</i>		
	ee exem				Fee Chart B	, c cate 50.12 at 15.11	
<u> </u>		•			ree chare b		
		equired):					
unders	stand the	at the sponsor			re bound to the M.S.A.D. No. 75 I have read and agree to Addena		
ignatu	re:				D	Oate:	
To be completed by administration: INFO. SENT TO:CustodialTech StaffCalendarConfirmation Sent to Requestor							
FEE(S) ASSESSED: N/A \$(usage fee) \$(staffing fee): \$TOTAL					\$TOTAL		
INSURANCE REQ'D:NoYes (Group must present a Cert. of Insurance naming M.S.A.D. No. 75 as an addt'l insured.)							
POLICE PRESENCE:YesNo (Number of officers):							
*APPROVAL: Date:							
*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.							
Please complete p. 2 for specific information required for Orion use							

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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.

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

STAGING EQUIPMENT						
# of Chairs						
# of Tables						
Lectern (speaker)						
Podium (conductor)						
Choral Risers	Choral Risers					
Video Projector/ S Sound Y N						
MISCELLANEOUS						
Refrigerator						
Dressing Rooms						
Man-lift (requires ing and indemnifi						
SEATING (Check one)						
700 Audience		900 Audience				
Seats		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.

USE THIS PAGE ONLY IF NEEDED FOR COMPLEX EVENT.

ADDITIONAL SPACE TO ADD DATES AND TIMES FOR EVENT(S): (For excellent service, please be clear. Use more than one line if needed and attach additional sheets if necessary):

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Day	Date	Arrival &	Total	Type of Activity	Specific Location(s)	Required Set-Up and Equipment
		Departur	Hours	(Rehearsal, Meet-	Requested (Classroom,	for Each Location (be specific;
		eTimes		ing, Practice, etc.) & Time of Event	Cafeteria, Kitchen, Gym, Field,	no equipment will be provided
				& Time of Event	Parking Lot, Orion Stage, Orion	without prior notice.)
	4/44/42	2 514 42 514	7 1	0 114 ::	Lobby, etc.)	
Mon.	1/11/13	3 PM-10 PM (EXAMPLE)	7 hrs.	Board Meeting 6-8 pm (EXAMPLE)	Double Classroom (EXAMPLE)	U-shaped Table with Skirt, Audience Theatre Seating, podium, 2 mics, projector (EXAMPLE)

SKETCH YOUR SET-UP HERE AND/OR ON THE BACK OF THIS FORM FOR ACCURACY:

Request for Use of School Facilities Addendum A Changing/Canceling Reservations

Maine School Administrative District No. 75 reserves the right to change the requirements for use of School Facilities, or cancel reservations, as a result of revised Covid-19 safety protocols required by the Maine Department of Education, the Maine CDC, and/or the MSAD No. 75 Board of Directors.

Changing requirements may include, but are not limited to, requiring all individuals to wear masks, implementing social distancing, and limiting the number of participants. The need to change the requirements for use of School Facilities may occur with little notice.

Should the requirements for use change, sponsoring groups may cancel their reservations and any fees already paid will be fully refunded. Should the District cancel a reservation, any fees already paid will be fully refunded.

Some spaces or equipment may not be available to outside groups based on current school needs while safety protocols are in place.

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MSAD No.75: Request for Use Form

Updated 7/29/2021