



Haverhill Public Schools
Use of Facilities Form

Name of Organization:

Name of Representative:

Address:

Phone number:

Date Requested

Time of Event:

Please check: Profit Making Group Non-Profit Group #

Please check off the location requested and attach list of equipment to be brought into the facility.

Gym	Classroom	Cafeteria	Auditorium	Library	Fields	Computer Lab

Item	Base Fee	Hours	Sub Total	Total	Additional information
Rental Fee					
Security					
Custodial					
Utilities					
Lighting Panel					
Cafeteria					

Subtotal:	
Processing Fee:	\$10.00
Miscellaneous:	
Balance Due:	

Principal to complete:

Authorization: Approved () Denied ()

Signature of Principal

Superintendent to complete:

Authorization: Approved () Denied ()

Signature of Superintendent

PHONE

FAX

WEB