# SC 09.14.23 4 B

# REQUEST FOR USE OF FACILITIES SCHOOL COMMITTEE MEETING 09/14/23

1. Requested by Julian Lawrence-Taylor from Synergy Basketball for use of the Bradford gym on 9/21, 9/28, 10/05, 10/12, 10/19, 11/2, 11/09 & 11/16 from 6:15pm-9pm.

Rental Fees - \$50/Hour Custodial Fees - \$30/Hour Utilities Fee - \$20/Hour

2. Requested by Julian Lawrence-Taylor from Synergy Basketball for use of the Whittier gym on 9/21, 9/28, 10/05, 10/12, 10/19, 10/26, 11/02, 11/09 & 11/16 from 6:15-9pm.

Rental Fees - \$50/Hour Custodial Fees - \$30/Hour Utilities Fee - \$20/Hour

3. Requested by Henry Davis from Haverhill High MCJROTC for use of the Hunking gym/cafeteria and 10 classrooms on 01/27/24 from 6am-4:30pm.

Rental Fees - Request to Waive Custodial Fees - \$30/Hour Utilities Fee - Request to Waive Security Fee - \$15/Hour

4. Requested by Kim Ocasio from Ocasio's True Martial Arts Inc for use of the high school gym, back room and locker rooms on 10/14 from 1pm-4pm.

Rental Fees - \$50/Hour Custodian Fees - \$45/Hour Utilities Fee - \$20/Hour Security Fee - \$15/Hour





_			
PI	ASSA	Pri	nt

Name of Organization: Synergy Basketball	Name of Representative: Julian Lawrence-Taylor
Address: 378 South Main Street	Phone Number: Email: 978-476-3770 jt.synergybasketball@gmail.com
Date Requested September: 14,21,28th/October 5,12,19,26	Arriyal Time: Start Time of Event: End Time of Event: 9:00pm

Please check: ( ) Profit Making Group (x) Non-Profit Group #\_\_\_\_\_

	Please check off the lo	cation requested	and attach list of	equipment to be bro	ught into the facil	ity.
Gym	# of Classroom(s)	Cafeteria	Auditorium	Library	Fields	Computer Lab
Х						- 2
Expected Nu	nber of Participants: #	ŧ		Type of Event: B	asketball Clir	nic

Item	Base Fee	Hours	Sub Total	Total	Additional information
Rental Fee	\$ 50		\$	\$	
Security	\$		\$	\$	
Custodial	\$ (30)		\$	\$	Custodial staff work 30 minutes before and after event.
Utilities	\$ 20		\$	\$	
Lighting Panel	\$		\$	\$	
Cafeteria	\$		\$	\$	
	\$		\$	\$	
	\$		\$	\$	

Qulian Lawrence	Taylor 8/29/23
Signature of Representative	Date Requested

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

Principal to complete:

Authorization: Approved (1)

Denied ()

Signature of Principal

Superintendent to complete:

Authorization: Approved ( )

Denied ()

Signature of Superintendent

HPS FACILITIES	PHONE	FAX	WEB
4 Summer Street, Haverhill, MA	978-374-5725	978-374-2376	haverhill-ps.org





Use of Facilities Form **Please Print** Name of Representative: Name of Organization: Julian Lawrence-Taylor Synergy Basketball Email: **Phone Number:** Address: 978-476-3770 it.synergybasketball@gmail.com 378 South Main Street **End Time of Event:** Start Time of Event: **Arrival Time:** Date Requested September: 14,21,28th/October 5,12,19,26 9:00pm 5:00pm 4:30pm November 2nd,9th,16th Please check: ( ) Profit Making Group (x) Non-Profit Group Please check off the location requested and attach list of equipment to be brought into the facility. Computer Lab **Fields** Auditorium Library # of Classroom(s) Cafeteria **Gym** X Type of Event: Basketball Clinic Expected Number of Participants: # **Additional information** Total **Sub Total** Hours **Base Fee** Item \$ \$ **Rental Fee** \$ \$ Security Custodial staff work 30 minutes before and after event. \$ \$ Custodial \$ \$ **Utilities** \$ **Lighting Panel** \$ \$ Cafeteria \$ \$ \$ \$ \$ Subtotal: \$10.00 **Processing Fee:** / Date Requested gnature of Representative Miscellaneous: **Balance Due:** Principal to complete: Denied () Authorization: Approved Signature of Principal Superintendent to complete: Denied () Authorization: Approved () Signature of Superintendent

HPS FACILITIES	PHONE	FAX	WEB
4 Summer Street, Haverhill, MA	978-374-5725	978-374-2376	haverhill-ps.org



### Haverhill Public Schools Use of Facilities Form

Please Print									
Name of Organiza				Name o	f Repres	entative: → È	15/6	>nny)	
Haverhil	1) High A	MC JRO'TZ			7			Email:	
Address:	tiz tirramen			Phone I			ف امرا	a	haverhill-As.
Harrer	17 11 MA	01832	11 (15)	Arrival	」りり Time:	Start Ti	me of Ever	nt: En	haverhill-45 · d d Time of Event:
Date Requested	27 10	moany 200	11 2	P) (	200	n h.7	20	_	t: 30 pm
8-38	क उ. येण व्य		E CONTRACTOR						
	Profit Making Grou	-							
	Please check off the	location requeste	d and atta	ach list of e	equipme	ent to be br	ought into	the facility	
Gym	# of Classroom(s)	Cafeteria	Aud	itorium	L	ibrary	Fie	elds	Computer Lab
	ID								
Expected Num	ber of Participant	s:# 350			Type	of Event:	Deill'	Colord	style
Item	Base Fee	Hours	Sub	Total		Total	Ad	lditional in	formation
Rental Fee	\$		\$		\$	2			
Security	\$ ADD		\$		\$				
Custodial	\$ ADD		\$		\$		Custodial staff	svork 30 minutes b	pefore and after event.
Utilities	\$		\$		\$				
Lighting Panel	\$		\$		\$				
Cafeteria	\$		\$		\$				
	\$		\$		\$				
	\$		\$		\$		<u></u>		
								Subtotal	:
Heme		ち-みち-み Date Requeste	3				Pro	cessing Fee	: \$10.00
Signature of R	e) lesentative	Date Requeste	ed				Mis	scellaneous	6:
							E	Salance Due	9:
Principal to co	mpiete:				1 -	- 1	<		
Authorization:	Approved (	Denied ( )			س. ر	my .			
					S	ignature of	f Principal		
Superintender	nt to complete:								
Authorization:	Approved ( )	Denied ( )							
					Ş	Signature o	f Superint	endent	
			l Bu	ONE		FAX		WEB	
HPS FACILITIES				ONE 8-374-5725		978-374-23	76		naverhill-ps.org
The same of the sa	1 111 1 4 4		1 079	4-4/4-5/75		7/0-3/4-23	, 0		

978-374-5725

978-374-2376

4 Summer Street, Haverhill, MA



Charity Brigade Tournament

#### Haverhill Public Schools Use of Facilities Form

**Please Print** 

4 Summer Street, Haverhill, MA

Name of Organiza	ation:	1 > f / 0	ſ	Name of	Repre	sentative:	17	15:1276
<u>Ucasios</u>	True Mar	tice Arts	7 11c			n Oca	N GIES	151x27@0
	ity, State, Zip Code:	< u1	HAV	Phone n			Emai	1:
		Suite 14	01830				-2784	
Date(s) Requeste				Arrival		Start T		d Time of Event:
Sat C	+ 14,20	23		1.0	X) pr	11.3	50	4:00pm
Please check:	Profit Making Group	p ( ) Non-Profit G	roup #_					,
	Please check off the	location requested	and attac	h list of e	quipm	ent to be br	ought into the facility	/ <sub>*</sub>
Gym	# of Classroom(s)	Cafeteria	Audit	orium	I	ibrary	Fields	Computer Lab
X								
	er of Participants: #	75			Туре	of Event:	Tourname	nt.
,								
Item	Base Fee	Hours	Sub	Total		<b>Fotal</b>	Additional in	formation
Rental Fee	\$ 50		\$		\$			
Security	\$ 15		\$		\$			
Custodial	\$ 45		\$		\$		Custodial Staff work 30 minute.	before and after event.
Utilities	\$ 20		\$		\$			
Lighting Panel	\$		\$		\$			
Cafeteria	\$		\$		\$			
	\$		\$		\$			
, 0								
Kinde	esib 8	/31/2023					Subtotal:	
Signature of Re		te Requested					Processing Fee:	\$10.00
							Miscellaneous	•
							Balance Due:	
Principal to con	nplete:					1	1	
A	100					Vγ		
Authorization: A	ipproved (*)	enied ( )			Sia	nature of	Principal	
Superintendent	to complete:				Sig	nature of	Tilicipai	
-								
Authorization: A	Approved ( ) D	enied ( )		•		***************************************		
					Sig	nature of S	Superintendent	
HPS FACILITIES			PHONE		F.	AX	WEB	

978-374-5725

978-374-2376

haverhill-ps.org

& Leading



## **Haverhill Public Schools**

#### **Professional Educational Conference/Workshop Form**

Rev 09-20

Please Print:	
Today's Date: 8-28-2023 Grade: N/A	
Staff Member Name: Renee M'Guirk School: THE I and Community O	utreac
Program Date(s): NOV 29 - Dec 1, 2023 Title of Program: CACE Leadershy Conference 2020  Council of Administration  Organization Facilitating Training: Of Compensatory Ed Program Location: Chatham Bours Inn, Characteristics  Facility, City and State	3_
Council of Administrator Challian Bars Ton Cha	Dogw. V
Organization Facilitating Training: Of COYN FEN Satury Ed Program Location: CHAINGER SON'S LEWY, THE	Plotti
racinty, city and state	
How will your attendance at this workshop help to improve student achievement?	
How will your attendance at this workshop help to improve student achievement?  By alterding sessions, workshops, & Collaborating w) other districts I will many move skulls and resources to help operate the Title I program to provide high globescribe how this activity will help you meet your professional development goals. Education and an equital It will give me move resources, information, for all this students. The library and connections  How will you share this information with your peers and supervisor/principal? Student achievement will the state of the student of the students.	develo
more skulls and resources to belo operate the Title I program to provide high at	alth
Describe how this activity will help you meet your professional development goals. Coucation an agustal	k wa
It will give me more resources, information, for all His students. The	ough-
ideas, and connections high quality educational	SUPPL
How will you share this information with your peers and supervisor/principal? Student achievement will	1 cont
It will be reflected in everything I do. to improve	4.
Please complete each line below: MUST INCLUDE A FUNDING SOURCE BELOW OR WRITE ZERO	
Expense Funding Source # Account Descrip	otion
Substitute Coverage \$	
Registration Fee: \$500-00 4233050.4. 2357.6612.70.000.08.10 THK I	
Travel: \$ 157.50 "	
Lodging: \$ 350.00 11 0	
Meals: \$	
Other: \$	
Total: \$1,007.50 " " THICI	
Important Note: Payment will be made upon receipt of the expense voucher. Receipts for the registration fee, travel, lod meals, other, and a proof of mileage must accompany the expense voucher.	ging,
I hereby acknowledge that to the best of my knowledge, all of the information provided above is true. I also acknowledge th	at I must
I hereby acknowledge that to the best of my knowledge, all of the information provided above is true. I also acknowledge th submit within five (5) days of the event a reasonably detailed written workshop report to the Curriculum Department.	at I must
	at I must
Staff Member:	at I must
Staff Member:	
Staff Member: Date: Signature Supervisor/Director  Supervisor/Director  Supervisor (5) days of the event a reasonably detailed written workshop report to the Curriculum Department.  Date: 8.78.7023  Date: 8/28/23  [VApproved [] Detailed written workshop report to the Curriculum Department.  Staff Member: Date: 8/28/23	eclined

Please Print:

& Leading



#### **Haverhill Public Schools**

# Professional Educational Conference/Workshop Form

Rev 09-20

Today's Date: 🔏 29	2023		Grade: Di 5	trict_	
Staff Member Name:	Heidi	Perez	School: Dig		
Program Date(s): <u>Ňか</u>	29-Dec1	7023 Title of Program	: CACE Leader	ship (on fe	rence 2023
Organization Facilitating	g Training:	uncil of Administrate of Compensatory Ed	Program Location:	Cha.Hain B Facility, C	ars Inn, Chathaire, Mit ity and State
Describe how this active Writing, a	ting by ity will help you and adm	schop help to improve studen  CHE POGRAMN  u meet your professional dev  ninistering Title g  with your peers and superviso  PD, and leads	elopment goals.	part of	
_		UST INCLUDE A FUNDING SOI			
	Expense	Funding Source #			Account Description
Substitute Coverage	Expense \$				
Registration Fee:	\$ 500.00			00.08.10	Account Description
Registration Fee: Travel:	\$ 500.00 \$ 157.50	4233050,4. 23	"	00.08.10	
Registration Fee: Travel: Lodging:	\$ 500.00 \$ 157.50 \$ 350.20	4233050,4.23		00.08.10	
Registration Fee: Travel: Lodging: Meals:	\$ 500.00 \$ 157.50	4233050,4. 23	"	00.08.10	
Registration Fee: Travel: Lodging: Meals: Other:	\$ 500.00 \$ 157.50 \$ 350.20 \$	4233050,4. 23 11	<i>11</i> <i>1</i> /	00.08.10	THKI
Registration Fee: Travel: Lodging: Meals:	\$ 500.00 \$ 157.50 \$ 350.20 \$	4233050,4. 23 11	"	00.08.10	
Registration Fee: Travel: Lodging: Meals: Other: Total: Important Note: Paym meals, other, and a pro-	\$ 500.00 \$ 157.50 \$ 350.20 \$ \$ \$ 1,007.50 ent will be man oof of mileage that to the best lays of the ever	de upon receipt of the expen must accompany the expen to f my knowledge, all of the int a reasonably detailed written a reason	se voucher. Receipts to se voucher.  Information provided a sen workshop report to Date:	or the registration bove is true. I also the Curriculum D	THICI  THICI  on fee, travel, lodging,  o acknowledge that I must
Registration Fee: Travel: Lodging: Meals: Other: Total:  Important Note: Paym meals, other, and a profit of the submit within five (5) of Staff Member:	\$ 500.00 \$ 157.50 \$ 350.20 \$ \$ \$ 1,007.50 ent will be man oof of mileage that to the best lays of the ever	de upon receipt of the expen must accompany the expen of my knowledge, all of the int a reasonably detailed written are as on a but of the interval of the int	se voucher. Receipts to se voucher.  Information provided a sen workshop report to Date:	tor the registration bove is true. I also the Curriculum D	THICI  THICI  on fee, travel, lodging,  a acknowledge that I must epartment.

Please Print:

& Leading



## **Haverhill Public Schools**

## **Professional Educational Conference/Workshop Form**

Rev 09-20

Today's Date: 8		^	Grade: <u>K - 12</u>			
Staff Member Name: <u>Dianne</u> Connolly School: <u>district</u>						
Program Date(s): No√	29-Dec1	, わびろ Title of Program:	CACE Leadership Confe	urence 2023		
Organization Facilitating	g Training:	incil of Administrates of Compensatory Ed	$\subseteq$ Program Location: Chatham ${\cal E}$	ours Inn, Chathain, Mit		
How will your attendance at this workshop help to improve student achievement?  Workships provide information on strategies for a light quelity education for all storages Outcome focused on equitable access to high quality programs, curriculum + instruction.  Describe how this activity will help you meet your professional development goals.  LACE privides high quelity professional development comprehensive resources support to staff that wirk with the Title femal grants.  How will you share this information with your peers and supervisor/principal?  Title I  Information will be shared during headership meetings + during tri-annual Principal meetings.						
Please complete each line below: MUST INCLUDE A FUNDING SOURCE BELOW OR WRITE ZERO						
Please complete each l	ine below: MU	JST INCLUDE A FUNDING SOU	IRCE BELOW OR WRITE ZERO			
Please complete each I	ine below: MU Expense	Funding Source #	JRCE BELOW OR WRITE ZERO	Account Description		
Please complete each I  Substitute Coverage		Funding Source #	1 1850			
Substitute Coverage Registration Fee:	Expense \$ \$ 500.00	Funding Source #	57.6612.70.000.08.10	Account Description  THK I		
Substitute Coverage Registration Fee: Travel:	\$ 500-00 \$ 157.50	Funding Source # 4233050,4. 23	57.6612.70.000.08.10 "			
Substitute Coverage Registration Fee: Travel: Lodging:	\$ 500.00 \$ 157.50 \$ 350.20	Funding Source #	57.6612.70.000.08.10			
Substitute Coverage Registration Fee: Travel:	\$ 500-00 \$ 157.50 \$ 350.20 \$	Funding Source # 4233050,4. 23	57.6612.70.000.08.10 "			
Substitute Coverage Registration Fee: Travel: Lodging: Meals: Other:	\$ 500-00 \$ 157.50 \$ 350.30 \$	Funding Source #  4233050,4. 23	57.6612.70.000.08.10 "	THKI		
Substitute Coverage Registration Fee: Travel: Lodging: Meals:	Expense \$ \$ 500-00 \$ 15750 \$ 350.20 \$	Funding Source # 4233050,4. 23	57.6612.70.000.08.10 "			
Substitute Coverage Registration Fee: Travel: Lodging: Meals: Other: Total:  Important Note: Paym meals, other, and a profile of the paym meals of the paym	Expense  \$ 500-00 \$ 157.50 \$ 350.20 \$ \$ 1,007.50  The ent will be made of of mileage  that to the best days of the even	Funding Source #  4233050,4.23  de upon receipt of the expens must accompany the expens of my knowledge, all of the in at a reasonably detailed writter  M. M	57.66 z . 70.000,08.10 " " " " " se voucher. Receipts for the registrati	THICI  THICI  on fee, fravel, lodging,  so acknowledge that I must		
Substitute Coverage Registration Fee: Travel: Lodging: Meals: Other: Total:  Important Note: Paym meals, other, and a profit of the submit within five (5) of Staff Member:	Expense \$ \$ 500.00 \$ 157.50 \$ 350.20 \$ \$ \$ 1,007.50  The tent will be made of of mileage  that to the best lays of the even	Funding Source #  4233050,4. 23	se voucher. Receipts for the registration provided above is true. I also now workshop report to the Curriculum Date:	THICI  THICI  on fee; travel, lodging,  so acknowledge that I must be partment.		
Substitute Coverage Registration Fee: Travel: Lodging: Meals: Other: Total: Important Note: Paym meals, other, and a profile of the submit within five (5) o	Expense \$ \$ 500.00 \$ 157.50 \$ 350.20 \$ \$ \$ 1,007.50  The tent will be made of of mileage  that to the best lays of the even	Funding Source #  4233050,4.23  de upon receipt of the expens must accompany the expens of my knowledge, all of the in at a reasonably detailed writter  M. M	se voucher. Receipts for the registration provided above is true. I also n workshop report to the Curriculum Date:    Date   Dat	THICI  THICI  on fee; travel, lodging,  so acknowledge that I must be partment.		

Please Print:

& Leading



## **Haverhill Public Schools**

# **Professional Educational Conference/Workshop Form**

Rev 09-20

Today's Date: 8 28 2023 Grade: K-12							
Staff Member Name: Trene Collins School: district							
	Program Date(s): NOV 29-Dec 1, 2023 Title of Program: CACE Leadershy Conference 2023						
Organization Facilitating Training: Of Compensatory Ed Program Location: Chathain Bows Inn, Chathain, Mit							
How will your attendance at this workshop help to improve student achievement?  The CACE conference focuses on a high quality education for all students, equitable access supportive learning environments and supports title I leaders to help them achieve those goels.  Describe how this activity will help you meet your professional development goals.  One of my professional goals is to gether the data and support the exclusive of Title pragrams and the mission of CACE is to support and mentor school's federal Education program start. How will you share this information with your peers and supervisor/principal?  Information from this conference will help streamline End of the Year Regards that are written collaborative to by the Title I of five and Schools' leadership.  Please complete each line below: MUST INCLUDE A FUNDING SOURCE BELOW OR WRITE ZERO							
	Expense	Funding Source #		Account Description			
Substitute Coverage	Expense \$	Funding Source #		Account Description			
Substitute Coverage Registration Fee:			7.66/2.70.000.08.10				
	\$		7.66 2.70.000.08.10				
Registration Fee:	\$ \$ 500.00		7.66 2.70.000.08.10 " "				
Registration Fee: Travel:	\$ \$ 500.00 \$ 157.50	4233060,4. 235	li .				
Registration Fee: Travel: Lodging:	\$ 500-00 \$ 157.50 \$ 350.30	4233060,4. 235	li .				
Registration Fee: Travel: Lodging: Meals:	\$ 500-00 \$ 157.50 \$ 350.20 \$	4233060,4. 235	li .				
Registration Fee: Travel: Lodging: Meals: Other: Total: Important Note: Paym meals, other, and a pro	\$ 500.00 \$ 157.50 \$ 350.00 \$ \$ \$ 1,007.50 ent will be made of of mileage	de upon receipt of the expense must accompany the expense of my knowledge, all of the info	voucher. Receipts for the registr voucher. rmation provided above is true. I workshop report to the Curriculur	THICI  THICI  ation fee, travel, lodging,  also acknowledge that I must			
Registration Fee: Travel: Lodging: Meals: Other: Total: Important Note: Paym meals, other, and a pro	\$ 500.00 \$ 157.50 \$ 350.00 \$ \$ \$ 1,007.50 ent will be made of of mileage that to the best lays of the even	de upon receipt of the expense must accompany the expense of my knowledge, all of the info	voucher. Receipts for the registr voucher. rmation provided above is true. I workshop report to the Curriculur	ation fee, travel, lodging,  also acknowledge that I must in Department.			
Registration Fee: Travel: Lodging: Meals: Other: Total: Important Note: Paym meals, other, and a pro	\$ 500-00 \$ 157.50 \$ 350.20 \$ \$ \$ 1,007.50 ent will be made of of mileage that to the best lays of the even	de upon receipt of the expense must accompany the expense of my knowledge, all of the info t a reasonably detailed written was a reasonably de	voucher. Receipts for the registre voucher.  rmation provided above is true. I workshop report to the Curriculur  Date:	ation fee, travel, lodging,  also acknowledge that I must in Department.			
Registration Fee: Travel: Lodging: Meals: Other: Total: Important Note: Paym meals, other, and a profit of the submit within five (5) described to the submit within f	\$ 500-00 \$ 157.50 \$ 350.20 \$ \$ \$ 1,007.50 ent will be made of of mileage that to the best lays of the even	de upon receipt of the expense must accompany the expense of my knowledge, all of the info t a reasonably detailed written w	voucher. Receipts for the registre voucher.  rmation provided above is true. I workshop report to the Curriculur  Date: 8/28/2023 [	THICI  THICI  ation fee, travel, lodging,  also acknowledge that I must in Department.			



Burnham School Elementary School, 45 Fountain St, Drive 126 miles, 2 hr 38 min Haverhill, MA 01830 to Chatham Bars Inn, 297 Shore Rd, Chatham, MA 02633

# Burnham School Elementary School 45 Fountain St, Haverhill, MA 01830

#### Get on I-495 S from MA-125 N/Main St

1	1.	5 min (2.2 mi) Head southwest on Fountain St toward Main St
<b>(</b>	2.	Turn right onto MA-125 N/Main St
*	3.	Use the right lane to take the I-495 S ramp to Lawrence
Ϋ́	4.	0.3 mi Keep left at the fork and merge onto I-495 S
		0.2 mi
		on I-495 S. Take I-93 S, MA-3 S and US-6 E to MA- larwich. Take exit 85 from US-6 E
*	5.	1 hr 55 min (118 mi) Merge onto I-495 S
r	6.	Take exit 97A to merge onto I-93 S toward Boston
$\leftarrow$	7.	23.5 mi Keep left to stay on I-93 S
4	8.	Use the left 2 lanes to take exit 7 for MA-3 S toward Cape Cod
←	9.	0.4 mi Keep left to continue toward MA-3 S
<b>↑</b>	10.	0.3 mi Continue onto MA-3 S
<b>↑</b>	11.	26.8 mi Continue onto MA-3 S/US-44 E
<b>↑</b>	12.	0.9 mi Continue onto MA-3 S
<b>↑</b>	13.	14.7 mi Continue onto US-6 E (signs for 55/Sagamore)
P	14.	29.7 mi Take exit 85 for MA-137 S toward Chatham
		0.2 mi

Take Pleasant Bay Rd and MA-28 N to Shore Rd in Chatham

11 min (5.9 mi)

15. Turn left onto MA-137 S	
16. Turn left onto Pleasant Bay Rd	358 ft
17. Turn right onto MA-28 N/Orleans-Chatham Ro	
18. Continue straight onto Shore Rd  1 Destination will be on the right	3.3 mi 3.6 mi
	16. Turn left onto Pleasant Bay Rd  17. Turn right onto MA-28 N/Orleans-Chatham Ro  16. Turn right onto MA-28 N/Orleans-Chatham Ro  17. Turn right onto MA-28 N/Orleans-Chatham Ro  18. Continue straight onto Shore Rd

Chatham Bars Inn 297 Shore Rd, Chatham, MA 02633