

**REQUEST FOR USE OF FACILITIES
SCHOOL COMMITTEE MEETING
06/12/25**

- 1. Requested by Michael Stopa from NFI Massachusetts for use of the high school gym on Wednesday 7/30/25 from 3:30pm-8pm.**

Rental Fees: Request to waive

Custodial Fees: \$45/Hour

Utilities Fee: Request to waive



Haverhill Public Schools
Use of Facilities Form

Please Print

| | |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Name of Organization: NFI Massachusetts | Name of Representative: Michael Stopa |
| Address: 300 Rosewood Drive Danvers MA | Phone Number: 860-575-2799 Email: michaelstopa@nfi.com |
| Date Requested: 7/30/25 | Arrival Time: 3:30 PM Start Time of Event: 4:30 PM End Time of Event: 8:00 PM |

Please check: () Profit Making Group (✓) Non-Profit Group # **23-7378470**

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

| Gym | #of Classroom(s) | Cafeteria | Auditorium | Library | Fields | Computer Lab |
|-----|------------------|-----------|------------|---------|--------|--------------|
| 1 | | | | | 1 | |

| | |
|--------------------------------------------------|-------------------------------------------|
| Expected Number of Participants: # 80-100 | Type of Event: Cornhole fundraiser |
|--------------------------------------------------|-------------------------------------------|

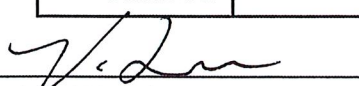
To be filled out by HPS facilities only

| Item | Base Fee | Hours | Sub Total | Total | Additional Info |
|----------------|----------|-------|-----------|-------|---------------------------------------------------------|
| Rental Fee | \$ | | \$ | \$ | |
| Security | \$ | | \$ | \$ | |
| Custodial | \$ | | \$ | \$ | Custodial staff work 30 minutes before and after event. |
| Utilities | \$ | | \$ | \$ | |
| Lighting Panel | \$ | | \$ | \$ | |
| Cafeteria | \$ | | \$ | \$ | |

| | |
|-----------------------------|----------------|
| Signature of Representative | Date Requested |
|-----------------------------|----------------|

| | |
|----------------|---------|
| Subtotal | |
| Processing Fee | \$10.00 |
| Balance Due | |

Principal Authorization: Approved (✓) Denied ()
School Committee : Approved () Denied ()


Signature of Principal

| HPS FACILITIES | PHONE | WEB |
|------------------------------------------|--------------|------------------|
| 4 Summer Street, Room 104, Haverhill, MA | 978-374-5725 | haverhill-ps.org |