

**REQUEST FOR USE OF FACILITIES  
SCHOOL COMMITTEE MEETING  
11/20/25**

- 1. Requested by Kim Hart from Pure Hart Basketball for use of the Hunking gym on Saturday 1/24/26 and Sunday 2/1/26 from 4pm-7:30pm**

**Rental Fees: \$50/Hours  
Custodial Fees: \$45/Hour  
Security Fee: \$25.50/Hour  
Utilities Fee: \$20/Hour**

- 2. Requested by Julian Taylor from Synergy Basketball LLC for use of the Hunking gym on Saturday 1/10/26 from 11:30am-2pm.**

**Rental Fees: \$50/Hour  
Custodial Fees: \$45/Hour  
Security Fee: \$25.50/Hour  
Utilities Fee: \$20/Hour**

- 3. Requested by Haverhill Travel Basketball for use of the Hunking gym on Saturdays 12/06 & 12/20 from 9:30am-8:30pm and Sunday 12/21 from 11:30am-3:30pm.**

**Rental Fees: \$50/Day  
Custodial Fees: \$45/Hour  
Security Specialist Fee: \$25.50/Hour  
Utilities Fee: \$20/Hour**

- 4. Requested by Julian Taylor from Synergy Basketball LLC for use of the Bradford gym on Monday & Thursdays 12/08-2/26/26 from 6:15pm-8:30pm.**

**Rental Fees: \$50/Day  
Custodial Fees: \$30/Hour  
Utilities Fee: \$30/Hour**

5. Requested by Joe Muraco from National Grid for use of the High School auditorium on Tuesday 3/31/26 from 5:30pm-10pm.

Rental Fees: \$50/Hour  
Custodial Fees: \$30/Hour  
Security Specialist Fee: \$25.50/Hour  
Utilities Fee: \$30/Hour

6. Requested by Daniel Burrows from Nettle Sunday Basketball for use of the Nettle gym on Sundays 11/23-6/07/26 from 9am-11am.

Rental Fees: \$50/Hour  
Custodial Fees: \$45/Hour  
Utilities Fee: \$30/Hour

7. Requested by Daniel Burrows from Nettle Sunday Basketball for use of the Nettle gym on Sundays 11/23-6/07/26 from 9am-11am.

Rental Fees: \$50/Hour  
Custodial Fees: \$45/Hour  
Utilities Fee: \$30/Hour

8. Requested by Joey Delgrosso from Haverhill Hammers Youth Wrestling for use of the Pentucket Lake gym on Saturday 1/10/26 & 1/17/26 from 8am-2pm.

Rental Fees: \$50/Hour  
Custodial Fees: \$45/Hour  
Utilities Fee: \$30/Hour



Haverhill Public Schools  
Use of Facilities Form

Please Print

Name of Organization: <i>Pure Hart Basketball</i>	Name of Representative: <i>Kim Hart</i>
Address: <i>56 Harold St. North Andover</i>	Phone Number: <i>919-538-1650</i> Email: <i>Purehartbasketball@gmail.com</i>
Date Requested: <i>Sat. 1/24/26 and Sun. 2/1/26</i>	Arrival Time: <i>4:00pm</i> Start Time of Event: <i>5:00pm</i> End Time of Event: <i>7:30pm</i>

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.

<input checked="" type="checkbox"/> Gym	<input type="checkbox"/> #of Classroom(s)	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Auditorium	<input type="checkbox"/> Library	<input type="checkbox"/> Fields	<input type="checkbox"/> Computer Lab
<i>Hunking</i>						

Expected Number of Participants: # <i>100-120 approx</i>	Type of Event: <i>Basketball Tryout</i>
--	---

To be filled out by HPS facilities only

Item	Base Fee	Hours	Sub Total	Total	Additional Info
Rental Fee	\$		\$	\$	
Security	\$ <input checked="" type="checkbox"/>		\$	\$	
Custodial	\$ <input checked="" type="checkbox"/>		\$	\$	<i>Custodial staff work 30 minutes before and after event.</i>
Utilities	\$		\$	\$	
Lighting Panel	\$		\$	\$	
Cafeteria	\$		\$	\$	

<i>Kim Hart</i> Signature of Representative	<i>10/30/25</i> Date Requested
--	-----------------------------------

Subtotal	
Processing Fee	\$10.00
Balance Due	

Principal Authorization: Approved  Denied   
School Committee: Approved  Denied

*[Signature]*  
Signature of Principal

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



Haverhill Public Schools  
Use of Facilities Form

Please Print

Name of Organization: <b>Synergy Basketball LLC</b>	Name of Representative: <b>Julian Taylor</b>
Address: <b>378 South Main, Bradford , Ma,01835</b>	Phone Number: <b>978-476-3770</b> Email: <b>jt.synergybasketball@gmail.com</b> <b>billing.synergybasketball@gmail.com</b>
Date Requested: <b>Saturday January 10, 2025</b>	Arrival Time: <b>11:30am</b> Start Time of Event: <b>12:00pm</b> End Time of Event: <b>2:00pm</b>

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.

**Hunking School**

Gym	#of Classroom(s)	Cafeteria	Auditorium	Library	Fields	Computer Lab
X						

Expected Number of Participants:# <b>10-15</b>	Type of Event: <b>basketball tryouts</b>
--	--

To be filled out by HPS facilities only

Item	Base Fee	Hours	Sub Total	Total	Additional Info
Rental Fee	\$		\$	\$	
Security	\$ <b>25.50</b>	<b>2.5</b>	\$	\$ <b>63.75</b>	
Custodial	\$ <b>45-</b>	<b>3.0</b>	\$	\$ <b>135-</b>	<i>Custodial staff work 30 minutes before and after event.</i>
Utilities	\$ <b>20</b>	<b>2.5</b>	\$	\$ <b>50-</b>	
Lighting Panel	\$		\$	\$	
Cafeteria	\$		\$	\$	

<i>Julian Taylor</i>	<b>10/31/2025</b>
Signature of Representative	Date Requested

Subtotal	
Processing Fee	\$10.00
Balance Due	

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

*Im B...*  
Signature of Principal

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





Haverhill Public Schools
Use of Facilities Form

Please Print

Name of Organization: Haverhill Travel Basketball
Name of Representative: Melissa Tarpun
Address: PO Box 5497 Bradford, MA 01835
Phone Number: 978-374-5700
Email: mtarpun@haverhill-ps.org
Date Requested: 12/6, 12/20, 12/21, 1/3, 1/17, 2/7 @Hunking
Arrival Time: Start Time of Event: End Time of Event: Please see additional list

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.
Gym [X] # of Classroom(s) Cafeteria Auditorium Library Fields Computer Lab
Expected Number of Participants: # [redacted] Type of Event:

Table with 6 columns: Item, Base Fee, Hours, Sub Total, Total, Additional information. Rows include Rental Fee, Security, Custodial, Utilities, Lighting Panel, Cafeteria.

Signature of Representative: [Signature] Date Requested: 11/3/25

Summary table with 2 columns: Category, Amount. Rows: Subtotal, Processing Fee: \$10.00, Miscellaneous, Balance Due.

Principal to complete:

Authorization: Approved (X) Denied ( )

Signature of Principal: [Signature]

Superintendent to complete:

Authorization: Approved ( ) Denied ( )

Signature of Superintendent: \_\_\_\_\_

Contact information table with 4 columns: HPS FACILITIES, PHONE, FAX, WEB. Row: 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 Organization: <b>Synergy Basketball LLC</b>	Name of Representative: <b>Julian Taylor</b>
Address: 378 South Main, Bradford , Ma,01835	Phone Number: 978-476-3770 Email: jt.synergybasketball@gmail.com billing.synergybasketball@gmail.com
Date Requested: <b>Monday : Dec 8,15/ Jan 5,12, 26th Jan 5,12,26 / Feb 2,9,23rd</b>	Arrival Time: 6:15pm Start Time of Event: 6:30pm End Time of Event: 8:30pm

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.

**BRADFORD** Elementary

Gym	#of Classroom(s)	Cafeteria	Auditorium	Library	Fields	Computer Lab
X						

Expected Number of Participants:#	Type of Event:
-----------------------------------	----------------

*To be filled out by HPS facilities only*

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

<i>Julian Taylor</i> 10/31/2025 Signature of Representative Date Requested
---

Subtotal	
Processing Fee	\$10.00
Balance Due	

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

*Dominic Peralta*  
Signature of Principal

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



Haverhill Public Schools  
Use of Facilities Form

Please Print

Name of Organization: <b>Synergy Basketball LLC</b>	Name of Representative: <b>Julian Taylor</b>
Address: <b>378 South Main, Bradford , Ma,01835</b>	Phone Number: <b>978-476-3770</b> Email: <b>jt.synergybasketball@gmail.com billing.synergybasketball@gmail.com</b>
Date Requested: <b>Thursday: Dec 11,18, /Jan 8,15,22/ Feb 5,12,26</b>	Arrival Time: <b>6:15PM</b> Start Time of Event: <b>6:30pm</b> End Time of Event: <b>8:30pm</b>

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.

**BRADFORD** Elementary

Gym	#of Classroom(s)	Cafeteria	Auditorium	Library	Fields	Computer Lab
X						

Expected Number of Participants:#	Type of Event:
-----------------------------------	----------------

**To be filled out by HPS facilities only**

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

<i>Julian Taylor</i> Signature of Representative	10/31/2025 Date Requested
---	------------------------------

Subtotal	
Processing Fee	\$10.00
Balance Due	

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

*Denise Peralta*  
Signature of Principal

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



Haverhill Public Schools  
Use of Facilities Form

Please Print

Name of Organization: National Grid	Name of Representative: Joe Muraco
Address: 1101 Turnpike St, North Andover, MA 01845	Phone Number: 978-551-7741      Email: Joseph.Muraco@nationalgrid.com
Date Requested: 3/31/2026 but open to a Monday - Thursday in late March or early April	Arrival Time: 5:30 pm      Start Time of Event: 7pm      End Time of Event: 10pm

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


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
			X			

Expected Number of Participants:# 50-150	Type of Event: MA DPU Public Hearing for Rate Case
--	--

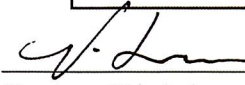
**To be filled out by HPS facilities only**

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

	10/3/2025
Signature of Representative	Date Requested

Subtotal	
Processing Fee	\$10.00
Balance Due	

Principal Authorization: Approved (X) 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



Haverhill Public Schools  
Use of Facilities Form

Please Print

Name of Organization: Nettle Sunday Basketball	Name of Representative: Daniel Burrows
Address: 19 Hammond Farm Rd. Haverhill MA	Phone Number: 978-614-5664      Email: danburrows68@gmail.com
Date Requested: ASAP	Arrival Time: 9:00am      Start Time of Event: 9:00am      End Time of Event: 11:00am

Please check: ( ) Profit Making Group  Non-Profit Group # NA


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
<input checked="" type="checkbox"/>						

Expected Number of Participants:# <u>15 maximum</u>	Type of Event: <u>Pickup Basketball</u>
---	---

**To be filled out by HPS facilities only**

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

 Signature of Representative	<u>10/22/25</u> 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



Haverhill Public Schools  
Use of Facilities Form

Please Print

Name of Organization: <i>Haverhill-Hinners/Youth Wrestling</i>		Name of Representative: <i>Joey Delgrosso</i>	
Address:		Phone Number: <i>508-662-1214</i>	Email:
Date Requested: <i>Jan 10th &amp; Jan 17th</i>	Arrival Time: <i>8pm</i>		End Time of Event: <i>2pm</i>

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	#of Classroom(s)	Cafeteria	Auditorium	Library	Fields	Computer Lab
<i>Pen table</i>						

Expected Number of Participants:#	Type of Event: <i>Wrestling Meet</i>
-----------------------------------	--------------------------------------

To be filled out by HPS facilities only

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

<i>Joey Delgrosso</i> Signature of Representative	<i>1/10/06</i> Date Requested
--	----------------------------------

Subtotal	
Processing Fee	\$10.00
Balance Due	

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

*Janet Brennan*  
Signature of Principal

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