MOUNT GREYLOCK REGIONAL SCHOOL DISTRICT
- USE OF FACILITY - REQUEST FORM -

Name of Organization: _____

Person Responsible for Activity/Clean Up: _____

Address: _____

Phone Number: _____ Email Address: _____

Event Title: _____

Date(s) of Event: _____

Location(s) Requested: _____ Time: _____

Additionally Check all that apply: ☐ Building Usage (CS, PA) ☐ Gymnasium (AD, CS)

☐ Grounds (FS, PA) ☐ Athletic Fields (AD, FS)

Special Equipment Needed (please be specific): _____

_____

Purpose of Activity and Description of Program: _____

_____

Will any monies be collected or merchandise sold for any reason? ☐ NO ☐ YES

Describe: _____

Insurance Carrier: _____ Policy No. _____

Type and Amount of Coverage: _____

Signature: _____ Date: _____

APPROVALS:

Custodial Supervisor: _____ Facilities Supervisor: _____

Principal's Assistant: _____ Athletic Director: _____

Comments/Conditions: _____

Fee Charged: _____

This form must be submitted to the Principal's Office at least 16 days prior to event.

email: facilities@mgrhs.org Phone: (413) 458-9582 Fax: (413) 458-2856