



INDOOR Facility Reservation Form

(See separate Winslow Homer Auditorium Reservation Form)

SCARBOROUGH COMMUNITY SERVICES

P.O. Box 360
Scarborough, ME 04070-0360
(207) 730-4150 Fax: (207) 730-4165

Revised 07-19-2011

- Pursuant to School Board Policy KG.3.4.c, applications must be made to Community Services at least two weeks in advance of the expected use. All requests must be approved by appropriate administrators a full 14 days in advance of the event; otherwise, it will be denied.
- To view our current calendar of events for our facilities, log on to the following. If you need assistance, please call 730-4150. Website is <http://www.scarborough.me.us/>; then click on *Community Services, Field/Facility Reservations*. Scroll down to choose the facility of your choice. Click on *Guest* to view. Click on *Search*, then *Facilities*, then *Calendar*. Choose facility from drop-down box and continue.
- Required fees are due prior to event.
- **All public events must not be advertised in any media until an approved receipt is granted by the Community Services Office to the applicant.**
- This signed/approved application must accompany applicant on the date of event.
- All requests must be on this form. Telephone requests are not accepted.
- Rooms may be used only during the approved times.

Applicant Information

Date of Application _____

Name of Applicant _____

Office/Organization/School _____

Street _____ Town _____ State _____ Zip Code _____

E-mail Address _____ Home Telephone _____ Work Telephone _____ Cell Phone _____ Fax _____

Facility Information

Facility Requested (Municipal Building, High School, Middle School, Wentworth, Name of Primary School) _____ Room _____

Description of Activity _____ Number Expected at Event _____

Special requests and equipment needed, including custodial needs (i.e., bleachers should be pulled out) _____

Date/s of Event	Set-Up/Breakdown Times		Meeting Time		Fee
	Start	End	Start	End	
1.					
2.					
3.					

Cable Information for Municipal Building

Cable TV Needs (please check): Taped _____ Live _____ Both _____ None _____

Signatures Required (where applicable)

Is this a School Board-sanctioned student activity/group?

Applicant _____ Date _____ Building Principal _____ Date _____ Y N

Athletic Director (for sporting events) _____ Date _____ Director of Facilities _____ Date _____

Director of Facilities:

Priority Use (please circle): Rental Fee _____

1 2 3 P 3 Site Supervisor & Support Fee _____

TOTAL _____

For Community Services Staff Only:

Cable TV Needs: Yes No Fee _____

Request: Confirmed Conflicts with _____

Paid: \$ _____ Cash _____ Check # _____ Credit/Debit _____

Community Services Director or Designee _____ Date _____ Approved _____ Denied _____

cc to applicant (state name) _____ Date E-mail Sent _____ Date Receipt Mailed _____

Scheduler Initials _____