## MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 75: Request for Use of School Facilities

Return this form to the school office where the event will occur.

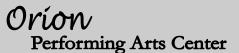
For Orion Performing Arts Center, contact the OPAC Coordinator at 729-2950 ext.7; 66 Republic Dr. Topsham, ME 04086 For MTA High School Gym or Athletic Fields, contact the Athletic Director at 729-2951 ext. 213. For MTA Middle School Gym or Athletic Fields, contact the Athletic Director at 729-2950 ext. 2506.

\*\*If any KITCHEN is needed, please indicate below, and contact Food Services Director at 729-9961 ext. 238

School/Facility:				Date(s) of Event: W		ill admission be charged?	
Nam	e of spo	nsor, event,	and bri	ef description:			
Food	Servic	es has been d	contacte	ed and will be provi	ding food:YN; Esti	mated attendance:	
					your set-up is also required.): In one line and additional space	on p.3 of this form, if needed.)	
Day	Date	Arrival & Departure Times	Total Hours	Type of Activity & Time of Event	Specific Location(s) Needed Include Room # if known (Classroom, Café., Kitchen, Gym, Field, Orion stage, Orion lobby, etc.)	Required Set-Up and Equipment for Each Location (Be specific; no equipment will be provided without prior notice.)	
Mon.	1/11/13	Example: 3p.m10p.m.	7 hrs.	Board Meeting, 6-8 p.m.	Double Classroom	U-shaped table with skirt, Audience theater seating, podium, 2 mics, projector	
Spon	SPONSOR GROUP DETAILS Sponsor Group: Contact Person:						
	Email: Best phone number:						
					1.6. 6. 41. 6.11		
According to Procedure KF-R, I believe that my group qualifies for the following <i>usage fee</i> categorization:  Fee exempt Fee Chart A Fee Chart B  for this reason:					Jee categorization.		
<b>IGN</b> A unders KF-R)	TURE stand the for Com	(required): at the sponsor munity Use of	ing grou <sub>l</sub> f School	p I represent and I ar Facilities.	re bound to the M.S.A.D. No. 75	Policy (KF) and Procedures  Date:	
To be completed by administration: INFO. SENT TO:CustodialTech StaffCalendar Confirmation Sent to Requestor							
FEE(S	) ASSE	SSED:	N/A	\$ (usage fe			
FEE(S) ASSESSED: N/A \$ (usage fee) \$ (staffing fee): \$ TOTAL  NSURANCE REQ'D: No Yes (Group must present a Cert. of Insurance naming M.S.A.D. No. 75 as an addt'l insured.)							
POLICE PRESENCE:YesNo (Number of officers):							
*APPROVAL:					Date:		
*Facility Administrator for Buildings and Parking Lots, OPAC Coordinator for the Orion Performing Arts Center, and Athletic Directors for Gym and Fields at Mt. Ararat Middle and High Schools.							

Please complete p. 2 for specific information required for Orion use.

# The following additional section is required for use of the Complete page one of this form as well.



TICKET PRICES / CONCESSION INFORMATION:						
Adult: \$ Child: \$ Student: \$ Senior: \$ Estimated Attendance:						
Group Rate (if applicable): General Admission or Reserved Seating:						
Will there be an intermission? Yes or No						
Will there be concessions? Yes or No  Caterer (If applicable):						
PLEASE NOTE: NO ALCOHOLIC BEVERAGES ARE ALLOWED ON THE ORION PREMISES.						
PERFORMANCE DATE(S) & START TIME:						

#### **EQUIPMENT/MATERIALS SPECIFIC TO THE ORION:**

Below you will find equipment that can be provided by the Orion. Please check the appropriate box or write the number of item(s) you will need. Please see attached sheet for pricing.

SOUND					
Piano					
Sound System					
# of Mics					
Tape Deck					
CD Player					
(Name of your Sound Tech)					
LIGHTING					
General					
Theatrical					
(Name of your Light Tech)					

STAGING EQUIPMENT					
# of Chairs					
# of Tables					
Lectern (speaker)	Lectern (speaker)				
Podium (conductor)	Podium (conductor)				
Choral Risers	Choral Risers				
Video Projector/S	Video Projector/Screen				
MISCELLANEOUS					
Refrigerator					
Dressing Rooms					
Man-lift (requires	train-				
ing and indemnifi					
SEATING (Check one)					
700 Audience		900 Audience			
Seats		Seats			

What, if any, equipment or materials will your group be bringing into the Orion? Examples: sound or light boards, microphones, spotlights, etc. PLEASE PROVIDE A SKETCH OF YOUR REQUIRED SET-UP.

### USE THIS PAGE ONLY IF NEEDED FOR COMPLEX EVENT.

# ADDITIONAL SPACE TO ADD DATES AND TIMES FOR EVENT(S): (For excellent service, please be clear. Use more than one line if needed and attach additional sheets if necessary):

Day	Date	Arrival & Departure Times	Total Hours	Type of Activity (Rehearsal,Meeting, Practice, etc.) & Time of Event	Specific Location(s) Needed (Classroom, Cafeteria, Kitchen, Gym, Field, Parking Lot, Orion Stage, Orion Lobby, etc)	Required Set-Up and Equipment for Each Location (Be specific; no equipment will be provided without prior notice.)
Mon.	1/11/13	3 PM-10 PM (EXAMPLE)	7 hrs	Board Meeting 6-8 pm (EXAMPLE)	Double Classroom (EXAMPLE)	U-shaped Table with Skirt, Audience Theatre Seating, podium, 2 mics, projector

SKETCH YOUR SET-UP HERE AND/OR ON THE BACK OF THIS FORM FOR ACCURACY: