

CABOT PUBLIC SCHOOLS

BUILDING REQUEST AGREEMENT

The person making the building request should provide the following information. Please print.

Event Title/Description _____ Date of Event _____

Contact Name _____ Email address(required) _____

Telephone number (Day) _____ (Evenings) _____

Location/School _____ Rooms to be used _____

If the auditorium is requested, a separate contract will need to be completed with the Auditorium Supervisor, Gwen Brooks, at (501) 605-6014.

Billing address _____

Number attending _____

Event Start _____ Event End _____ Set up start _____ Breakdown _____

Set up requirements: Please *circle* those that apply. (Set up needed for Auditorium, see Gwen Brooks at (501) 605-6014)

A/C (after 5:00pm/weekend services) Event set up (# tables/chairs)

Athletic Fields Food Services

Audio/Visual Unlock/Lock up

Café (# tables/chairs) Lights/Sound/PA System

Computer Services Stadium Area

Custodial Supervision (unless signed for below)

Renter's Assurance:

I, _____, agree to be financially responsible for the facility while in use for the above described event.

School Supervision Assurance:

I, _____, as an employee of the Cabot School District, agree to be **present during the entire time** of the above described event. This means from the time the building is opened till the building is closed. You may sign out keys with Rita at the Warehouse for the event. 743-3560

Clean up is required to be done by our custodial staff. No exceptions. Thank you.

Office use only:

Information taken by _____ Date _____

Entered _____ Confirmation # _____