

ORANGE SOUTHWEST SUPERVISORY UNION FACILITIES USE INFORMATION

FEE SCHEDULE

The following fee schedule will apply. Custodial wages will only be charged when the custodians are not scheduled to be in the building or additional cleaning is required. A custodian must be present at all times that the building is in use.

Group Type	Designation	Examples of Groups	Fee Schedule
Group A	Nonprofit groups operating for school aged children	After school programs Scouting groups PTA/PTO	TBD
Group B	Other non-profit groups not charging admission or donating income, above expenses, to a recognized charitable or civic purpose.	Agency of Education Political Organizations Rec Dept. activities for adults	Room Costs Classrooms/Conf. Rm/Music Rm TBD Cafeteria TBD Gym/Library TBD
Group C	All Others	For profit organizations and businesses	Room Costs Classroom/Conf.Rm/Music Rm TBD Cafeteria TBD Gym/Library TBD

**RENTAL OF FACILITIES - APPLICATION AND AGREEMENT FORMS SHOULD BE
SUBMITTED NO LESS THAN THREE WEEKS BEFORE THE EVENT**

ORANGE SOUTHWEST SUPERVISORY UNION FACILITIES USE INFORMATION

__ Braintree: 802-728-9373 Fax: 802-728-5044 __RUHS: 820-728-3397 Fax: 802-728-6703 __RTCC: 802-728-9595 Fax: 802-728-9596 __Brookfield: 802-276-3153 Fax: 802-276-3189 __Randolph Elementary: 802-728-9555 Fax: 802-728-6709

RENTAL OF FACILITIES - APPLICATION AND AGREEMENT

Organization / Responsible Person _____

Email: _____

Address: _____ Phone Number _____

Group Classification ____A ____B ____C

Event Description Public presentation _____

EVENT DATE(S) _____ TIME(S) _____

SPECIAL ARRANGEMENTS, CONDITIONS, ETC _____

I have read and agree to policies and regulations set forth in the statement accompanying this application, and assume full responsibility for the acts of persons using school facilities under this agreement including payment for any damage to school property. I ALSO UNDERSTAND THAT SCHOOL ACTIVITIES WILL HAVE PRIORITY.

Date: _____

(EVENT) Authorized Representative Signature

Office use only

ROOM(S) _____ RATE PER 4 HOURS _____

USE FEE _____ OTHERFEES _____

(CUSTODIAN, EQUIPMENT, ETC) TOTAL FEE

SPECIAL ARRANGEMENTS, CONDITIONS, ETC _____

Approval:

Supervising Principal

Athletic Director (If activity that will take place on the RUHS sports fields or Gyms will also need the Athletic Director Approval.

Facilities Director

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