



**SOUTH BOSTON CATHOLIC ACADEMY
REQUEST FOR USE OF SCHOOL FACILITIES
866 EAST BROADWAY, SOUTH BOSTON, MA. 02127
PHONE – (617-268-2326), FAX – (617- 268- 7269)**

PLEASE PRINT CLEARLY.

CONTACT DETAILS:

1. Organization (required): _____
2. Organization address (Str., City, Zip): _____
3. Organization phone: _____
5. Contact: _____
6. Contact phone (required): _____
7. Contact e-mail-----

8. FACILITY DETAILS:

9. Facility requested:

Gym _____ Cafeteria _____ Classroom(S)-----

EVENT DETAILS:

10. Type of event/activity (e.g., basketball, practice, music, dance lessons etc.)

11. Approximate # of people expected: _____
12. Date(s) & time requested: SU MO TU WE TH FR SA _____
Note: All events must conclude by 10:00 pm – no exceptions.
13. Equipment or Services needed:
___ Stage
___ Chairs (# _____)
___ Tables (# _____)
___ Miscellaneous _____

Please read Rules and Regulations Governing Facilities below and Gym Usage (reverse side):
The lessee or user of the facility will hold South Boston Catholic Academy and all its agents and representatives harmless from any problem resulting from use of the premises. The lessee must have insurance coverage to cover any personal and/or property claims resulting from the event. The lessee or user of the facility agrees to pay South Boston Catholic Academy for any damages as the result of the use of the premises.

South Boston Catholic Academy reserves the right to cancel any permission whenever, in the discretion, such cancellation seems advisable.

For those groups charging a fee, donations are appreciated for the cost of heat, electricity and janitorial services.

Signature and Title

Date

NOTE: upon approval of this request, THIS FORM WILL BECOME a BINDING CONTRACT