

**THE MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING
THE GOVERNOR BAXTER SCHOOL FOR THE DEAF
1 Mackworth Island, Falmouth, ME 04105**

Application for Use of School Facilities

ORGANIZATION INFORMATION

Organization Name	Contact Person	Today's Date
Address, City, State, Zip	Phone	Email

Organization Description (Please select all that apply)

Non-Profit Deaf/HH Community /Services School
 Other State Agency *List Title Section of Law* Statutory Formed Organization *List Title Section of Law*

EVENT INFORMATION

Event Description	Event Date(s)	Event Time(s) <i>(Include Setup/ Cleanup)</i> Start Time: End Time:
No. of People Attending:	Will your event be catered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:	

LOCATION INFORMATION (Please select all that apply)

- | | | | |
|------------------------------------|-----------------------------------------------------------|------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Greenlaw Multi-Purpose Room | <input type="checkbox"/> Tandberg Room | <input type="checkbox"/> Picnic Area |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Brewster Hall Multi-Purpose Room | <input type="checkbox"/> Conference Center (Library) | <input type="checkbox"/> Ball Field |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Gym Annex | <input type="checkbox"/> Parking | <input type="checkbox"/> Playground |

SET UP INFORMATION (Please select all that apply)

- Tables Rectangular Round
 How Many? _____
 Chairs How Many? _____
 Other _____

Set-up Description

Theater Style Classroom
 Other (Explain, attach sketch of room layout if necessary)

EQUIPMENT/IT INFORMATION (Please select all that apply)

- Tandberg Sound System Screen Flipchart easel
 Extension Cords Podium LCD Projector: indicate MAC or PC. Bring a connector to the projector.

PARKING Cars How Many? _____ Buses How Many? _____ Other _____

Special Accommodations

⇒ **Signature of Applicant** _____ **Date** _____

Office Use Only

Approved Date _____
 Denied
 PO# _____

PLEASE NOTE

No smoking allowed anywhere on the island.
No alcohol allowed anywhere on the island.