



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 - Please fill out and fax to: 207-781-6296

 Name of Organization ____/____/____
 Today's Date

 Contact Person _____
 Phone(s)

 Address _____
 Fax

 Address _____
 E-mail

 Please describe your organization

 Describe event

 Date(s) of event _____
 Time(s) - Please include setup and cleanup

Please check room/facility required:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Board Room | <input type="checkbox"/> Greenlaw Multi-Purpose Room | <input type="checkbox"/> Guest Room |
| <input type="checkbox"/> Cafeteria Dining Room | <input type="checkbox"/> Greenlaw Parent Room | <input type="checkbox"/> Dorm |
| <input type="checkbox"/> Staff Dining Room | <input type="checkbox"/> Brewster Multi-Purpose Room | <input type="checkbox"/> Picnic Area |
| <input type="checkbox"/> Gym | | <input type="checkbox"/> Ball Field |
| <input type="checkbox"/> Gym Annex | | <input type="checkbox"/> Parking |

Equipment:

- | | | |
|---|--|---|
| <input type="checkbox"/> TV/DVD | <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Overhead Projector |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Sound System | <input type="checkbox"/> Flipchart/Easel |
| <input type="checkbox"/> Extension cord | | |

Food Service: Please complete attached Food Service Request Form.

Custodial:

- Tables-Qty _____

 Special arrangement of tables/seating (describe)
- Chairs-Qty _____

- Podium _____
 Other _____

Parking:

_____ Number of cars _____ Number of buses

Special Accommodations:

 Approved (Signature) _____
 Not Approved (Signature) ____/____/____
 Date