



Regional School Unit 1
 Lower Kennebec Region School Unit
 34 Wing Farm Parkway - Bath, ME 04530
 Telephone: (207) 443-6601 Facsimile: (207) 443-8295

Patrick M. Manuel, Superintendent of Schools
 PManuel@RSU1.org

“Education of a Lifetime – for a Lifetime”

RENTAL AGREEMENT FOR RSU 1 FACILITIES

Please complete and return to the School Office at least 14 days prior to the requested rental date.

This agreement is made between the Superintendent of Schools representing the Regional School Unit 1

Board of Directors and _____ Check if Non-Profit ()
(renting organization/group) (attach proof of your 503c status)

of _____, for the rental/use of _____
(city/town) (school building/space requested)

from _____ to _____ on _____ for the purpose of
(beginning time) (ending time) (date/dates)

Facility/Services Requested:

- | | | |
|-----------------------|-----------------|-----------------------------------|
| ___ MHS Auditorium | ___ Stage Crew | ___ Gymnasium |
| ___ MHS Pit/Girls Gym | ___ Cafeteria | ___ Kitchen w/required RSU1 Staff |
| ___ # of Classrooms | ___ # of Tables | ___ # of Chairs |

Other: _____

To be completed by RSU 1 Facilities Director

Facilities Charges	Equipment/Furniture Charges
___ (copy of 503c status attached)	
Space Rental/Use Fee: \$ _____	___ chairs (50¢ each) \$ _____
Surcharge: \$ _____	___ tables (\$4.00 each) \$ _____
Estimated Custodial Fee: \$ _____	Utility Surcharge: _____ \$ _____
Stage/Sound/Lighting Crew \$ _____	ESTIMATED TOTAL \$ _____

The person signing this form assures that there will be no smoking on school property per Federal regulations and that every effort will be made to comply with the RSU1 Wellness Policy (attached) as it relates to the sale of food and drinks on school property.

Approved	Denied
_____ Principal's Signature* <small>(*Pending Superintendent's Approval)</small>	_____ Date
_____ Drama/Sound/Stage Coach	_____ Date
_____ Food Service Director's Signature	_____ Date
_____ Facilities Director's Signature	_____ Date
_____ Superintendent's Signature	_____ Date

Signature of Person Requesting Rental/Use of Facility

Printed Name

Bill To

Address

City, State, Zip Code

Telephone

Date

Date of Event _____

