

Nantucket Public Schools
10 Surfside Road
Nantucket, MA 02554

**Facilities Use Application
Internal Use Only**

Date: _____

School and Room Requested: _____

Date(s): _____

Start Time: _____, End Time: _____, Total Hours _____

Intended Use: _____

Number in Group/Anticipated Attendance: _____

Audio/Video Items Requested: _____

Additional Equipment: _____

Special Set-Up Requirements/Comments :

Contact Person: _____ Phone: _____

Email: _____

Director of Facilities: _____

IT Director: _____

Athletic Director (if the area of use is Athletic Space) _____