

REQUEST FOR USE OF FACILITIES

****PAGES 1 & 2 TO BE COMPLETED BY APPLICANTS; PAGE 3 TO BE COMPLETED BY DISTRICT**

Check the facilities desired:

Building: _____

Classroom _____

Gymnasium _____

Kitchen _____

Cafeteria _____

Auditorium _____

Outside Facilities:

Tennis Court _____

Basketball Court _____

Baseball Field _____

Group/Individual Making Request _____

Percentage of persons in the group who are residents of the School District: _____%

Address of Applicant: (Street) _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

1. Purpose of function (Brief): _____
2. Cost of admission or fees: \$ _____
3. Describe any items to be sold: _____

4. Purpose of money received. _____

5. Type of materials to be distributed? _____

6. Number of people attending? _____
7. Day(s) and Date(s) and Time(s) needed: _____

8. Equipment requested. Describe in detail (number of chairs, number and type of tables, movie projector, PA system, etc.)

9. Describe setup required, if other than normal: _____

10. A deposit of \$35.00 or an amount equal to 50% of the estimated fee, whichever is greater, is required for those in categories 3, 4, and 5 as specified in administrative guidelines for Board policy 7510. The deposit is refundable with forty-eight (48) hour notice of cancel option.
11. Each request shall include proof of liability insurance covering facility use in the amount of \$400,000.

"The applicant hereby agrees to indemnify and hold harmless the School District from any liability for damages to any person or property in or about the School District premises from any cause whatsoever. All persons or groups using school facilities shall be responsible for the proper supervision, control, and accommodation of persons attending the activity. The applicant agrees to be responsible for the preservation of order."

Applicant _____ Date _____
Signature

****This Page to be completed by District**

Category of User: (See AG 7510B)

Category 1 ____ Category 2 ____ Category 3 ____ Category 4 ____ Category 5 ____

Charges to User:	<u>Estimated Cost</u>	<u>Actual Cost to Date</u>	<u>Final Actual Cost</u>
1. Facility Rental	_____	_____	_____
2. Equipment Rental	_____	_____	_____
3. Custodial Cost (\$28.39 an hr.)	_____	_____	_____
4. Food Service Cost (\$17.46 an hr.)	_____	_____	_____
5. Damages	_____	_____	_____
6. Other:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL COST:	_____	_____	_____
LESS DEPOSIT RECEIVED:	_____	_____	_____
<u>BALANCE OWED:</u>	_____	_____	_____

_____ This request is fully approved except for any limitations noted under "Comments" below.

_____ This request is approved pending the availability of custodians for set-up and clean-up on specified date and times.

_____ This request is **NOT** approved. Reasons noted under "Comments" below.

COMMENTS: _____

Signed: _____ Date: _____
Building Administrator

Signed: _____ Date: _____
Superintendent