

**Application and Agreement for Use of District Property**

***NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.***

Name of Sponsoring Organization/Activity _____ Telephone _____	
Representative's Name _____	
Address _____	
The above organization/individual requests the use of:	
<input type="checkbox"/> auditorium <input type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input type="checkbox"/> classroom(s) _____ <input type="checkbox"/> other, specify _____	
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, give a complete description of what is being sold and how the proceeds will be used. _____	
Building/school/facility _____	
Purpose _____	
Date(s) requested _____	Time(s) Requested _____
<b>Will public be admitted?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Will advertisement(s) be used?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Will admission be charged?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**When using school facilities, this organization agrees to observe the following:**

1. **To schedule with the building Principal the time(s) the time(s) District property is to be used.** It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. **To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization.** To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. **To provide appropriate equipment for the use of District property.** When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. **To abide by the requirements of Board policies 05.3 and 05.31 (see attached).** Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

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**FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians				
Food Service Employees				
Supervisory Personnel				
Other _____ _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
<b>Gymnasium</b> at _____ school				
<b>Auditorium</b> at _____ school				
<b>Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both</b> at _____ school				
<b>Classroom(s) Number _____</b> at _____ school				
<b>Stadium</b> at _____ school				
<b>Other Property</b> at _____ school				

\_\_\_\_\_  
*Signature - Representative of User Group*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature - Superintendent/designee*

\_\_\_\_\_  
*Date*

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

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<b>For Office Use Only - To be Completed by School Official</b>		
Cost for use of District property \$ _____	Cost for school employee \$ _____	Total cost \$ _____
Deposit \$ _____	Is deposit refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____	
Board employee(s) assigned: _____		
Board Action Date, if applicable _____	Board Order # _____	

Review/Revised:7/19/11

**Reporting Form for Employee Extra Pay**

**Name of Sponsoring Organization/Activity** \_\_\_\_\_

**Representative's Name** \_\_\_\_\_

Facilities used by organization:     gymnasium     dining room/kitchen     stadium  
 auditorium     classrooms(s)     other , specify \_\_\_\_\_

Personnel assigned to the event:     Custodian(s)     Food Service Employee(s)

Supervisory personnel will be paid at not less than their regular hourly rate or regular overtime pay with pay beginning 30 minutes before and ending one (1) hour after the event or whenever the facility (including the stadium) is in good, useable order for the next day.

**SIGNATURES BELOW VERIFY SERVICE FOR THIS EVENT**

<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
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**For Central Office use only**

Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____

\_\_\_\_\_  
*Superintendent/designee's Signature*
\_\_\_\_\_  
*Date*

**Submit this form to the Central Office within one (1) week of the event.**

Review/Revised:6/9/97