REQUEST FOR USE OF FACILITIES

TO BE COMPLETED BY APPLICANT

Check the facilities desired:

<u>FACILITY</u>	<u>′</u>		PER HOUR FEE	
Number of Classro	oms Desired umber(s):			
Library			\$	
Gymnasium			\$	
Kitchen			\$	
Cafeteria			\$	
Auditorium			\$	
Swimming Pool			\$	
Computer Lab			\$	
Ind. Arts Room			\$	
Other Building Space: Specify Space and				
Playfield:	_		\$	
Group/Individual Making I	Request			
Percentage of persons in	the group who a	are residents of the Sci	hool Corporation:	%
Address of Applicant: (Str	eet)			
City:		State:	Zip:	
Home Phone: ()			Business Phone: ()	

Reques	st for Facility Use Building
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 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.	User fees are due and payable upon receipt of School Corporation billings which will be made at the conclusion of use.
for damages whatsoever. supervision, c	t hereby agrees to indemnify and hold harmless the School Corporation from any liability to any person or property in or about the School Corporation premises from any cause All persons or groups using school facilities shall be responsible for the proper ontrol, and accommodation of persons attending the activity. The applicant agrees to be or the preservation of order."
Applicant	Date

Category of User (See AG 7510B)	
1. Category 1 4. Cate	egory 4
2. Category 2 5. Cate	egory 5
3. Category 3	
Estimated Actua	al Cost
Charges to User: <u>Cost</u> to Date	Actual Cost
1. Facility Rental	
2. Equipment Rental	
3. Custodial Cost	
4. Food Service Cost	
5. Lifeguard Cost	
6. Damages	
7. Other:	
TOTAL COST:	
LESS DEPOSIT RECEIVED:	
BALANCE OWED:	
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * *
This request is fully approved except for any "Comments" below.	v limitations noted under
This request is NOT approved. Reasons noted und	der "Comments" below.
COMMENTS:	
Signed: Date:	

Request for Fa	cility Use Building
NOTE TO BUI	LDING ADMINISTRATOR:
A.	If approved, send original copy of this form along with the deposit to the If not approved, send a photocopy to the applicant with the deposit.
B.	 The following must be done by the next Wednesday following the last day of use: Complete the "Final Cost" column. Stamp with red ink "OK to Bill" in upper right corner.
	3. Send the red stamped copy to the in the
C.	When the bill is sent to the user, a copy will be sent to the
D.	The will attach the copy of Final bill to the copy of the approved application and place it in a Closed file.
E.	On the first work day of each month, the will check all open files. If bills have not been received as required, a memorandum will be sent to

will be sent to the _

the respective building administrator asking for an explanation. A copy of that memo