

REQUEST FOR USE OF SCHOOL FACILITIES: EVERGREEN LOCAL SCHOOLS

TO: Principal: MR. JOSH CLARK

School: EVERGREEN HIGH SCHOOL

We seek permission to use the following school facilities:

- Gym Cafeteria (Cafetorium) Library (Media Center) (other)

If for a season or extended period, state the beginning and ending dates. Number of Meeting Dates: ____

Table with 3 columns: Date(s), Hours From, Hours To

Purpose: _____

Name of Adult in Charge: _____

Address of Adult in Charge: _____

Phone number(s) of Adult in Charge: _____

We wish to enter at _____ (time) & we will leave the building by _____ (time)

We (will) (will not) charge an admission fee. We expect an attendance of approximately _____ persons.

We require use of the following, and understand there is a charge for such use:

- Stage Special Lighting Projector Sound System (Other)

Additional requests or comments: _____

Waiver of Liability/Hold Harmless Agreement

It is understood that School District activities have preference over outside activities in using the school buildings and this request is subject to cancellation if the requested facility is needed for a school activity.

If this permission is granted, we agree to be responsible for any accidents or injuries sustained by any person attending or participating in the program or activity for which we may use the above-mentioned school facilities, and to be responsible for replacement in case of any damage or loss incurred. Further, in accordance with State requirements and Board policy, we agree that there shall be no use of tobacco or controlled substances in the school building.

____ Name of Organization/person/group

By: _____ Signature

Address: _____ Telephone: _____

THIS SPACE FOR DISTRICT USE – APPLICATION APPROVED

This request has been approved and granted.

\$ _____ RENTAL COST

\$ _____ OTHER FEES

- Custodial @ _____ per hour X _____ (no. of hrs) = \$ _____
- Kitchen @ _____ per hour X _____ (no. of hrs) = \$ _____
- Other @ _____ per hour X _____ (no. of hrs) = \$ _____

\$ _____ TOTAL AMOUNT TO BILL (Total Other Fees) \$ _____

All rental and other fees are payable in advance and checks are to be made payable to

Evergreen Local Schools, 14544 County Road 6, Metamora, OH 43540

NO CHARGE FOR USE OF FACILITIES BECAUSE _____

This approval is subject to certain other conditions, as set forth below:

_____ Principal's Signature _____ (Date)

_____ Superintendent's Signature _____ (Date)

THIS SPACE FOR DISTRICT USE – APPLICATION NOT APPROVED

This request cannot be granted for the following reason(s):

_____ Principal's Signature _____ (Date)

_____ Superintendent's Signature _____ (Date)

Send Completed Copies of Request for Use of School Facilities to:

- Applicant*
- Principal's Office*
- Superintendent's Office*
- Treasurer's Office*

- Bill Not Sent due to _____
- Bill Sent in the amount of** _____
- Payment received in the amount of** _____ **on** _____