

FAIRFIELD AREA SCHOOL DISTRICT
ADMINISTRATIVE PROCEDURES

USE OF FACILITIES (Contd)

8520

APPLICATION FOR USE OF SCHOOL FACILITIES

1. Organization or individual applying for use of School Facilities:
Name/Organization _____
Address _____

2. Person in charge of, or responsible for, organization:
Name _____
Address _____

Phone No. _____
3. School facility being requested. (List building, rooms, outdoor grounds, etc. - be specific)

4. Facilities are to be used:

<u>Dates</u>	<u>Open</u>	<u>Time</u>	<u>Close</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total days _____		Total Hrs. _____	
5. Describe program and activities that will take place:

Will there be admission, concessions, or similar charges? YES ___ NO ___
Will the rented facility be open to the public? YES ___ NO ___
State the purpose which profits, in excess of expenses, will be used:

6. List any special equipment or services needed:

7. Billing for all charges should be forwarded to:

Name _____

Address _____

The requesting organization or individual covenants and agrees to exonerate, save harmless, protect, and indemnify the Fairfield Area School District from and against any and all losses, damages, claims, suits or actions, judgment and costs which may arise or grow out of any injury to or death of persons or damage to property, arising out of and attributed to the negligence or acts of omissions of, or use by the requesting organization, its participants, agents, servants, employees, guests, patrons or customers on the premises.

The requesting organization or individual named assumes full responsibility for any damages or loss to equipment, furnishing, building or grounds beyond that which can be designated as fair wear and tear, and that the requesting organization will abide by the school district's Use of the Facility Policy #8800.

Date of Application

Signature of responsible person for requesting organization

This section for use by School District Personnel:

1. Date application received _____

2. Category appropriate:
Class I _____
Class II _____
Class III _____

3. Profit _____ Nonprofit _____

4. Rental charge _____

5. Cafeteria employee fee:
Rate _____ x hours _____ = \$ _____

Custodial employee fee:
Rate _____ x hours _____ = \$ _____

Auditorium Stage Crew Manager fee:
Rate _____ x hours _____ = \$ _____

Auditorium Stage Crew Assistants fee:
Rate _____ x hours _____ = \$ _____

6. Action taken: Approved _____ Denied _____

Date

Signature