

EBH School Facility Rental

**WEST POINT CONSOLIDATED SCHOOL DISTRICT
APPLICATION FOR USE OF CERTAIN SCHOOL FACILITIES**

Date of Application: _____

Name of Person Making Application: _____

Name of Organization: _____

Mailing Address: _____

Name of Person in Charge of Event _____

Telephone for Event Contact: (1) _____ (2) _____

School Facility Requested: _____

Purpose for Requested Use: _____

Date(s) Requested for Use: _____

Times for Facility Use: Opening Time _____ / Closing Time _____

Will Admission be Charged: _____ Will Funds be Solicited: _____

Will Merchandise be Sold: _____ If so, please list merchandise: _____

We agree to the following stipulations:

1. To pay cost of district supervisory personnel, custodial personnel, additional security personnel and if required, cost of district light/sound technician;
2. To pay _____ within 10 days prior to the event for use of the facility, and all additional costs paid within 10 days after the event;
3. To accept responsibility for any and all damages caused either directly or indirectly by this use of school facilities; and,
4. To acknowledge that the Board of Trustees nor any employee of the District, professional or non-professional, shall assume liability for anything which happens as a result of this use of school facilities.

Signature of Authorized Personnel for Facility Request

Approved by: _____
Signature of Superintendent or Designee

Date

cc: _____ Maintenance
_____ Principal of Facility

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I understand that the information below is true to the best of my knowledge and further agree to charges as indicated. I understand that this agreement is subject to WPCSD Policy EBH and may be deemed null and void by the superintendent or designee for failure to adhere to policy.

Applicant's Signature: _____ Date: _____

For Central Office Use Only:

ESTIMATED charges for event held on _____ at _____,
by _____.

_____ hrs x rate of pay for custodian (\$20.00 to \$25.00/hr) _____

_____ hrs x rate of pay for Security (\$18.50 to \$25.00/hr) _____

_____ hrs x rate of pay for Sound/Light Technician (\$30.00 to \$35.00/hr) _____

_____ Facility Rental Fee x _____ day(s) _____

TOTAL ESTIMATE _____

Amount due with application _____

Amount Received: _____ Date: _____

Amount due within 10 days prior to event _____

Amount Received: _____ Date: _____

Balance due within 10 days after event _____

Amount of Final Payment Received: _____ ***Date Received:*** _____