

Date: _____

HS MS ES Office & Custodians

B&G Supervisor: John King

Applicant: _____

SCHOOL DISTRICT OF BRODHEAD FACILITY USE APPLICATION

Persons completing this application are signifying they have read and understood Board of Education policy and agree to abide by its provisions.

PROCEDURES

1. Complete application form and return to the appropriate school office at least ten (10) working days prior to date requested. No reservation will be made until this application is approved by authorized representatives.
2. Upon approval a copy will be returned to the applicant.
3. Any fees due should be paid at the Business Office prior to the date of approved activity. Make all checks payable to School District of Brodhead.

APPLICATION

I certify this as a not-for-profit group under the provision of IRC 5000 (c) (3). Yes No

Name of Group Requesting

Date(s) Requested for Use

Name of Authorized Agent

Phone Number

HS
MS
ES
(v one)

Room(s) Requested

Time: (From)

(To)

List Specific Use: _____

Will Admission be Charged: Yes No Amount: _____

Attending: _____ # of Adult Chaperones: _____

Use of Kitchen: Yes No If yes, will food be: brought in by the group?
prepared with school equipment?

Who will be responsible for kitchen use?

Name

Phone Number

Will District be required to provide supervising employee? Yes No

If yes, list name(s) of employees who will supervise: _____

Special set-up or other arrangements required? Yes No

If yes, specify: _____

Will special janitorial services be required? Yes No

If yes, list special facility or janitorial services required: _____

Police and parking attendants should be arranged directly by sponsoring group.

I, the applicant agree to abide by all the rules and regulations adopted by the School Board (governing the use of building); to see that the same are carried out and obeyed by others, said rules and regulations being made a part of and portion hereof by reference; to assume responsibility for and to make restitution for any damage done to the building or equipment during the period of use, with the School District being the sole judge of what constitutes unwarranted damage or destruction; I further agree to indemnify and to forever hold harmless the School Board and its officers, agents and employees from any and all claims of any kind, nature or description arising out of the use of any of the school facilities controlled by said Board, pursuant to the foregoing application or any modification thereof. It is understood that insurance for property damage and/or personal injury is the responsibility of the renter.

Signature of Authorized Agent Date

Address:

Street City State Zip

Phone Number Email

*** The user must demonstrate the participants under his charge are adequately insured for any liability or injury. ***

TO BE COMPLETED BY DISTRICT STAFF

Facility and equipment is available for use as requested? Yes No

List School Personnel who will be supervising: _____

Principal: _____ Date: _____

Building and Grounds Supervisor: _____ Date: _____

Certificate of Insurance Required: Yes No

Estimated Costs:

Room Rental: _____ Custodial: _____ Misc.: _____ **Total:** _____

Superintendent: _____ Date: _____

THE SCHOOL DISTRICT OF BROADHEAD RESERVES THE RIGHT TO CANCEL THIS APPLICATION