

EBH – School Facility Rental

TATE COUNTY SCHOOL DISTRICT
APPLICATION FOR USE OF CERTAIN SCHOOL FACILITIES

Today's Date - _____

Name of person requesting use - _____

Name of Organization - _____

Head of Organization - _____

Street Address - _____

City - _____

Zip Code - _____

Telephone - _____

Fax - _____

Facility requesting to use - _____

Reason for using the facility - _____

Date(s) for use - _____ **Hours of use** - _____ **till** _____

Estimated number of attendees - _____

Name of person(s) for organization responsible for supervision of use - _____

Will admission be charged? Yes No How much will be charged? _____

Will funds be solicited? Yes No How will funds be solicited? _____

Will merchandise be sold? Yes No What type of merchandise? _____

FACILITIES COST

***All fees/estimate of fees must be paid 3 calendar days prior to use date requested or request shall be denied.**

All Locations		Fee
Gymnasiums	Requiring heat or AC	\$ 300.00
	No heat or air	\$ 200.00
Cafeterias/Cafetoriums	Requiring heat or A/C	\$ 250.00
	No heat or air	\$ 200.00
Classrooms including Library (per room)		\$ 50.00
Athletic Fields	Football field with lights	\$ 500.00
	Football field without lights	\$ 250.00
	Baseball field with lights	\$ 350.00
	Baseball field without lights	\$ 250.00
	Softball field with lights	\$ 350.00
	Softball field without lights	\$ 250.00
Clean up (if needed)	Any facility	\$25.00/hour
*Supervisor Fee	Any facility	\$20.00/hour
**Electric Use Fee	Any facility	\$30.00/hour

*Supervisor fee is required for rental.

**Electric Fee is assessed for fee waivers and events that run over allotted time.

I certify that the information given above is true to the best of my knowledge. I understand that this agreement shall become null and void if this agreement is reassigned by requesting person or organization. Certificate of Insurance attached: Yes _____ No _____

Applicant(s) Signature - _____ Date - _____

Principal's Signature - _____ Date - _____

Superintendent's Signature - _____ Date - _____

(For District Use Only)

Itemized charges for (facility) - _____

Rental Fee - _____

Supervisor Fee – (hrs - _____ X rate _____) = _____ total fee

Supervisor Assigned - _____

Clean up Fee (if needed) – (hrs _____ X rate _____) = _____ total fee

Electric Use Fee (if needed) – (hrs _____ X rate _____) = _____ total fee

Total Charge - _____