

**REQUEST FOR USE OF SCHOOL FACILITIES: EVERGREEN LOCAL SCHOOLS**TO: Principal: Mr. Brady RufferSchool: 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: \_\_\_\_\_

| 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) &amp; 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*** \_\_\_\_\_