

Galesburg-Augusta Application for Facilities Use
(Please submit at least two weeks prior to date of planned use of the requested facility)

Event Title _____

Event Purpose _____

Location _____

Room/Field _____

Date(s) _____

Time – Start and Stop _____

Organization _____

Responsible Party _____

E-mail _____ Home Phone _____

Cell Phone _____ Business Phone _____

Address _____

Furnished proof of liability insurance: Yes _____ No _____

FEES/DEPOSIT WILL BE PAID UPON APPROVAL (The deposit of \$40.00 is refundable with forty-eight (48) hours notice of cancellation.

Describe and list district equipment to be used _____

Special services needed:

• Custodial staff	Yes _____	No _____
• Food service staff	Yes _____	No _____
• Other staff	Yes _____	No _____
• Grounds Preparation	Yes _____	No _____
• Restroom facilities	Yes _____	No _____

Comments:

___ Check if needs exist outside of normal custodian schedule (6 a.m. – 9 p.m.)
\$29.83 per hour for custodians outside of schedule

Types of equipment to be brought onto school property _____

Estimated number of people using or attending: adults _____ children _____

Cost of admission or fees being charged to participants: \$ _____

Describe items to be sold: _____

Purpose of money received: _____

Types of materials to be distributed: _____

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Equipment or special services requested. Describe in detail all equipment required (number of chairs, number and type of tables, movie projector, PA system, etc.)

Any media, i.e. movie, music to be shown/played: _____
Have you secured copyright permission? Yes: _____ No: _____

Describe setup required including times needed before and after actual event: _____

Any additional fees assessed are due and payable upon receipt of School District billings which will be made at the conclusion of use.

Number of Supervisors: _____

Other needs: _____

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If 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 damage or loss incurred.

Initial

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.

Initial

The district retains the right to cancel any facility use agreement WITHOUT prior notice if a school function or activity arises which needs said facility. Should severe weather conditions be in effect during the time of your scheduled activity, you will be expected to comply with School Board policy governing building use under such conditions that might dictate the cancellation of the activity. Buildings are not available when school is in session. There is limited availability of facilities outside of the scheduled school year.

Please contact District Central Office at 269-484-2000 if you have reserved a gym or room in a building and will not be able to use it for an extended period of time. Another group may fill your vacancy in your absence.

"The applicant hereby agrees to indemnify and hold harmless the School District from any liability for damages to any person or property in or about the School District premises from any cause whatsoever. All persons or groups using school facilities shall be responsible for the proper supervision, control and accommodation of persons attending the activity. The applicant agrees to be responsible for the preservation of order."

The users of school equipment must accept liability for any damage or loss to such equipment that occurs while it is in their use. Where rules so specify, no item of equipment may be used except by a qualified operator. Users shall be liable financially for damage to the facilities and for proper chaperonage. **The organization must provide proof of liability insurance to the registrar before approval is granted.**

When your application has been approved, you will receive your copy of this Facilities Use form. Until then, you are not entitled to use the above named facilities. A copy of this form must be shown to the custodian on duty.

I have read the Contract Agreement for use of Galesburg-Augusta School Facilities and am aware of all conditions pertaining to the use of School Property. Please contact us if you haven't received notice of approval within five (5) business days.

Applicant (Please print clearly)

Applicant's Signature (Must be 18 or older)

Date

Building Administrator Notified: Yes _____ No _____

Date

Approved by _____
Designated District Employee

Date

Mailed to applicant:

Date

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FOR OFFICE USE ONLY

Special services needed:

- Custodial staff Yes_____ No_____
- Food service staff Yes_____ No_____
- Other staff Yes_____ No_____
- Grounds Preparation Yes_____ No_____
- Restroom Facilities Yes_____ No_____

Comments:

_____ Check if needs exist outside of normal custodian schedule (6a.m. – 9p.m.).
 \$29.83 per hour for custodians outside of schedule

Proof of liability insurance: Yes_____ No_____

Category of user

1. Category I _____
2. Category II _____
3. Category III _____
4. Category IV _____
5. Category V _____
6. Category VI _____

Estimated Total Cost: _____

Charges to User

	<u>Estimated</u>	<u>Cost to Date</u>	<u>Actual Cost</u>
Facility Rental			
Equipment Rental			
Custodial Cost			
Food Service Cost			
Damages			
Other			
Deposit			

Signature for receipt of estimated costs: _____

Final payment made: Yes_____ No_____ Date: _____