

Application for Community Use of School Facilities

FREEMAN SCHOOL DISTRICT #358

Name of Applicant or Organization _____

Address _____

Phone _____ Cell _____ Work _____

Email _____

Contact Person _____

Contact Person Address _____

Contact Person Phone _____ Cell _____ Work _____

Contact Person Email _____

Specific Facilities Requested _____

(Multipurpose Room, Cafeteria, Kitchen, Gym, Classroom, Athletic Field of Elementary, Middle, or High School)

Special School Equipment Desired _____

Approximate Number in Attendance: Audience ___ Performers ___ Supervisors ___ Other ___ Total _____

Date(s) and Time(s) Facilities Requested

Start: Month _____ Day _____ End: Month _____ Day _____

Hours: _____ AM PM to _____ AM PM

If applying for regular usage of school facilities, please attach a copy of desired schedule days and times including start and end dates.

Describe the nature and purpose of this meeting:

Type of Supervision Provided: _____

Will there be admission, collection, or funds solicited? YES NO

| Activity Classification From Policy #4260 | Fee From Procedure #4260 | Forms |
|--|------------------------------------|---|
| <input type="checkbox"/> Category I | Use Fee per Hour \$ _____ | <input type="checkbox"/> Facility Use Form |
| <input type="checkbox"/> Category II | Custodian: _____ hrs x \$ _____ | <input type="checkbox"/> Proof of 50% Freeman Roster (Category I Only) |
| <input type="checkbox"/> Category III | Site Manager: _____ hrs x \$ _____ | <input type="checkbox"/> Proof of Insurance |
| Total Expected Attendance _____ | | <input type="checkbox"/> Proof of Concussion Compliance |
| Admission Charge _____ | Estimate User Cost \$ _____ | |

Categories I, II, & III are explained in detail in Freeman School District Policy #4260; Use of School Facilities. Charges and fees are described in the Facility Use Fee Schedule under Procedure #4260

USE OF FACILITIES AGREEMENT: The undersigned hereby makes application to Freeman School District #358 for the use of school facilities described above and certifies that the information given in this application is correct. The undersigned further states that he or she has the authority to make this application for the applicant/organization and agrees that the applicant/organization will read, observe, and abide by all Rules and Regulations of the Board of Education and of the Principal of the School in which facilities and/or equipment are used. Freeman School District will be free from all liability resulting from use of facilities indicated above. Only those facilities indicated above may be used according to this agreement. Any damages to facilities/equipment stated above resulting from applicant/organization's use must be reimbursed to Freeman School District. Freeman School District sanctioned activities take precedence over any other activities that may take place in the facility. The applicant/organization will be notified of any conflicts of schedule or time changes. Any time changes the applicant wishes to make after approval of this application must be submitted and approved before the time change takes place. No organization may take the time slot of another organization, even if it is not in use, without prior approval. If facilities are being used for sports events or practices, evidence of compliance with the Lystedt Law (concussion law) for participants under the age of 18 must be submitted prior to facility use. Any organization found to be not in compliance with the Lystedt Law will lose facility privileges.

Please initial that you have read and understand the Use of Facilities Agreement _____

PAYMENT OF RENTAL FEES AGREEMENT: Rental Fees shall be determined by the latest established rental rates and must be paid upon receipt of billing.

Please initial that you have read and understand the Payment of Rental Fees Agreement _____

Signature of Applicant or Authorized Representative Date _____

Print Name

Approval Date _____

FOR BUSINESS DEPARTMENT USE ONLY

Billing Date: _____

Bill to: _____

Amount: _____

Recommend Approval:

Payment Received: _____

Building Principal Date _____