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Facility Use Request

Date: _	-			
Name o	of User / Organization	າ:		-
Facility:	Campus 1 Campus 2 Campus 3 Campus 4 Campus 5	Area:	Auditorium Gymnasium Cafeteria Kitchen Classrooms Number: Other	
		ature of the proposed use, the pure or flyer, if available and ap		e, and the target
calendar,	, if available and appropri	,		(Please attach a
				_
		End:		
User Si	gnature:		Date:	
Printed	Name:			

Facility Use Application

		Date:	
Name of User / Organizati	on:		
Address of User / Organiz	ation:		
Organization Phone Numb	oer:		
Name of Contact:			
Contact Phone Number: _			
After-hours Phone No.:			
		=======================================	
Each user or organization is required	to provide the	following insurance coverages:	
General Liability		\$ 2,000,000	
Umbrella Coverage		\$ 5,000,000	
Property / Lease Insurance		100 % replacement cost	
Name of Insurance Comp	any:		
Policy Number:			-
Name of Insurance Agent	·		
Telephone Number:			

Facilities Use Agreement Letter

Re: Facility Use Proposal and Agreement	
Dear:	
part of building] to operate [name or descrip [Organization]. The cost for using these room	est to use the [School name and location], specifically the [room or otion of program]. We are pleased to offer this proposal to ms will be [\$] per []. These rooms have been scheduled for], on each [weekday] starting at [time] until [time].
	of a Money Order or Cashier's Check to [Name of on or before the first day of each month. It shall be
Name of school, organization Address City State Zip Attn:	n, or payment center
[Owner Organization] of all liabilities while [forward a copy of your insurance certificates maintaining the security of the building while after, which security shall deny access to the programs. If you should discover any damage Organization] representative who opened the	zation] is required to have insurance coverage, which relieves [User organization] occupies the building and premises. Please is to the above address. You are also responsible for providing and e you are occupying the facility, as well as 30 minutes before and site for any individuals who will not be participating in your e or other conditions which appear amiss, please inform the [Owner e building when you first arrive in order to document the conditions which occurs during the time you are occupying the building, will be
	s or concerns, you may contact the [Owner Organization] contact the [Facility Manager, or Director of Facilities and Site
Please acknowledge the terms of this agreem Organization]. Thank you for your consideration	nent by signing below, and returning to [Owner tion and cooperation.
User Signature:	Date:
Printed Name:	