

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: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility requesting to use: \_\_\_\_\_

Reason for using 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	REQUIRING HEAT/AC	FEE
GYMNASIUM	REQUIRING HEAT/AC	\$300.00
GYMNASIUM	NO HEAT/AC	\$200.00
CAFETERIA/CAFETORIUM	REQUIRING HEAT/AC	\$250.00
CAFETERIA/CAFETORIUM	NO HEAT/AC	\$200.00
CLASSROOMS INCLUDING LIBRARY (PER ROOM)		\$50.00
ATHLETIC FIELDS	FOOTBALL FIELD W/LIGHTS	\$500.00
	FOOTBALL FIELD W/OUT LIGHTS	\$250.00
	BASEBALL FIELD W/LIGHTS	\$350.00
	BASEBALL FIELD W/OUT LIGHTS	\$250.00
	SOFTBALL FIELD W/LIGHTS	\$350.00
	SOFTBALL FIELD W/OUT 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 THE 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 \_\_\_

Signature of TCSD Event Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Are the TCSD Event Supervisor fees being waived? Yes No

Initial of Supervisor \_\_\_\_\_

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: \_\_\_\_\_