

Rental Agreement

Organization Requesting School Facility

Date _____

Set-Up Time _____ Event Start _____ Event Finished _____

Areas Requested

_____ Classrooms. Which Classrooms _____

_____ Gymnasium

_____ Fine Arts Auditorium

_____ Cafeteria

_____ Upper Study Hall

_____ Other _____

School Personnel Needed

_____ Certified Staff

_____ Custodial Staff

_____ Technology Staff

Technology or Equipment Needed

Microphone, Projector, Screen, Podium, Tables etc. Please list all equipment you will need.

Fees

Rental Charge

\$50.00 For Non Profit Organizations

\$100.00 For Profit Organizations

Fee Paid \$ _____

Custodial Charge

Custodial Fees are based on the date of the event and the duties performed. A separate check will be made to the custodian(s).

Contact Information

Person Responsible _____

Mailing Address _____

E-Mail Address _____

Phone _____ Cell _____

I agree to the terms of this agreement.

Signature _____

Please note that all areas used must be left in acceptable condition. Charges may apply if any damage has been done to the facility.

**Please attach a copy of your Certificate of Insurance **