



USE OF FACILITIES ~ REQUEST FORM

Date of Application: _____

Organization: _____ Telephone: _____

Mailing Address: _____

Contact Person: _____ Telephone: _____

Facility requested: _____ Room(s): _____

Circle day(s) to be used: SUN MON TUE WED THU FRI SAT

Date(s): From: _____ To: _____ Time(s): From: _____ To: _____

Activity: Description: _____

Open to the Public? ____ Yes ____ No

If yes, will admission be charged? ____ Yes ____ No

How will proceeds be used? _____

Certificate of Insurance required? ____ Yes ____ No (if yes, please attach copy to this request)

Estimated Costs: Space(s) \$ _____

Additional space(s) \$ _____

Custodian (\$20.00 hourly rate) \$ _____ notified ____

Cafeteria Personnel \$ _____ notified ____

Law Enforcement \$ _____ notified ____

Other Personnel (list on back) \$ _____ notified ____

Estimated total COST: \$ _____

Security Concerns: _____

AGREEMENT FOR USE OF RSU FACILITIES

All members and guests of the above-named organization will observe all policies of Regional School Unit-24 (RSU). Individually and as an organization, we will assume full financial responsibility for any and all damages caused to RSU property during the indicated period of use. The above-named organization will at all times hereafter will indemnify the RSU against any loss, damage, or expense of an kind which said RSU may sustain or incur because of the use of the facility by said organization. Further, the RSU will be held blameless for loss of any kind in connection therewith. I have read RSU policies KF and KF-R, and understand and agree to the terms of use set forth in said policies.

Signed: _____ Title: _____ Date: _____

RSU USE ONLY

Administrator: _____ Approved: ____ Not Approved: ____ Date: _____

Superintendent:(if required) _____ Approved: ____ Not Approved: ____ Date: _____

Non profit? Y N Fee: \$ _____ Received by: _____ Date: _____

Certificate of Insurance attached: _____ Condition of facility upon departure: _____