Application for Equipment Use						
Completed by School Administrator						
Is proposed use for district business only? YES	S NO					
Is proof of insurance provided? YES	NO					
Item description:						
Borrower Name:						
Address:						
Phone #:						
Date Loaned: Date Retu			Condition upon re	turn:		
Signature of Applicant: :		Date:	I ate:			
Approval of School Administrator:		Date	:			
11	thlotic Fields					
Application for Use of Facilities or A	tilletic Fleius					
Completed by Applicant						
Date of Application: School Site/Rooms to be Used:						
Applicant Name:						
Address:						
Phone #:						
Group Name:						
Group Address:						
Group Phone #:						
Activity Description:						
Dates of Use Start Date: Time of Use:						
End Date:						
Will entry fees be charged? YES NO						
Is this event for fund raising? YES NO						
What will the funds be used for? YES NO						
Does the Group have insurance coverage? YES			NO			
Applicant agrees to have an adult supervisor on servisor. Name:	site at all times: YES		NO			
Responsible Adult Supervisor: Name: Phone #:  Signature of Applicant: Date:						
		Date:				
Completed by Central Office						
Class of Applicant/Activity: I II III IV			ble Fee Schedule:	1 11 111	IV	
Hourly Base Fee: \$						
Adjust for Fund Raising Activities: Adjust to Class IV						
Adjust if Air Conditioning is Required: 1.5 Base Rate						
Total Hourly Base Fee: (2 hour minimum)			\$			
Additional Fees Completed by School Administra	ator					
Charges for chair set up:				N/A	\$	
Charges for lighting set up:				N/A	\$	
Charges for moving furniture or equipment and/or equipment setup:				N/A	\$	
Labor Fees:				N/A	\$	
Custodial Services:				N/A	\$	
Kitchen Staff:				N/A	\$	
Additional School Supervisors:				N/A	\$	
Security Services: Supplied by Applicant				N/A	\$	
Total Fees:					\$	
Signature of School Administrator:  Date:						