COMMUNITY RELATIONS

FACILITIES USE AGREEMENT

- This form must be submitted to the school or district office 10 days prior to the requested usage.
- Please check our District Web Site -<u>www.sd83.k12.id.us</u> for available facilities and times.
- Please note, in the event a school function has been rescheduled due to unforeseen circumstances, non-school functions may be bumped or rescheduled.

Date Submitted:	Contact Person:
Organization or Individual Requesting Facility Use	;
Mailing Address:	Phone:
Email Address:	Cell Phone:
School Site Requested:	Facility Requested:
	at anytime use of the kitchen is requested. It is the responsibility of the the kitchen personnel for their time.
Date(s) & Time(s) of Requested Use:	
If more the five dates/time	es are requested, please attach a list
Purpose of Use:	
Type of activity: Fundraiser Non-Profi	t Private/Commercial Other
Services Needed: Open/Close Custodial	Kitchen Equipment Other
Requestor may be required to have a <u>Certificate of</u> valid certificate on file, your use of facilities may be	Insurance on file at the District Office. If there is not a denied until one is submitted.
Do you have a valid Certificate of Insurance on file	at the District Office? YES NO
<u> </u>	your meeting area to its original condition. If the District ou will be responsible for wages or materials used and
	re the responsibility of the user. Contact the building There is a \$15 refundable key/card lock deposit, which will by the agreed upon date entered on this form.
Do you require a key/card lock for building access?	YES NO
If you answered YES above: What date and time will you pick up the key/card lo	ock for the building?
What date and time will you return the key/card loc (All keys/card locks must be	k for the building? be returned within 3 days after usage)

OFFICE USE Approval of Facility Use ∐ NO YES Facility Request Approved: Principal's Signature: _____ Date: _____ All category three renters (Private/Commercial Users) will require superintendent and/or board approval. Superintendent/Board Signature: Date Upon final approval, building principal or designee will notify the requestor the form is approved and make other applicable arrangements. Note to building: Enter usage information on the District Calendar **Key/Card Lock:** Building principal or designee must collect \$15 key/card lock deposit. This form may serve as verification. Key/Card Lock collected by: ______ Date: _____ Building: _____ Requestor: _____ Receipt # _____ **Key/Card Lock Return Information** Was the key/card lock returned on the agreed upon date? YES NO Key/Card Lock deposit refunded to: _____ Renter's Signature If you answered NO to the above, please forward the \$15 deposit to the District Office for deposit and contact the Facilities Director immediately to deactivate the key card. Other Fees to be charged to renter: Rental Fee: \$______ Open/Close Fee: \$_____ Custodial Hours: \$ Utility Fee: \$ Kitchen Hours: \$_____ L__YES Did your custodian report any damage to the building? If there was damage, please have the maintenance/custodial department assess the damage to determine charge user is responsible to pay. Estimated Damage Cost: \$_____ Note to Buildings: For all usage other than category three usages, please submit this entire form to the District Office after key/card lock has been returned and other applicable fees/charges/hours have been entered on this form. For category three usages, please submit this form to the Superintendent

for approval; after approval it will be returned to you to complete as stated above. All rent is due prior to usage. (All Facility Use Agreements must be submitted to FacilitiesOffice)