

Cochrane-Fountain City School District
Application for Use of School Facilities

(To be completely filled out by Applicant - Please print)

Name and type of organization: _____ a(n), _____

Contact Person: _____ Title (if any): _____

Mailing Address (for billing purposes): _____

Telephone: _____ Email: _____

Please describe activity/name of event: _____

Date of Activity(s) _____

Time of Activity: _____ to _____

Facilities Needed: (Please check all that apply)

____ Classrooms ____ Cafeteria ____ Auditorium ____ Outdoor Fields

____ Small Gym ____ Big Gym ____ Elementary Gym ____ Commons

Equipment Needed: (please check all that apply)

____ Tables ____ Chairs ____ Podium ____ Projector ____ Screen

____ Risers ____ Piano ____ Stage Sound/Lighting

____ Microphone ____ Flags ____ Special Electric Hooks Ups

____ Other, please specify: _____

Will admission be charged? Yes _____ No _____

(All activities are generally cancelled whenever school is closed due to inclement weather.)
If activity must be cancelled by the School District, who (if different from above) should be contacted?

Name

Phone

Fees (where applicable):

(To be completed by District Administration)

Custodial	\$25/hr	_____ hr = _____
Auditorium	\$30/hr	_____ hr = _____
Big Gym	\$30/hr	_____ hr = _____
Small Gym	\$20/hr	_____ hr = _____
Elementary Gym	\$15/hr	_____ hr = _____
Kitchen	\$25/hr	_____ hr = _____
Commons	\$25/hr	_____ hr = _____
Classroom	\$20/hr	_____ hr = _____
Special equipment	TBD	_____ hr = _____
Outdoor Facility	\$25/hr	_____ hr = _____
Other Charges	_____	
Total Costs:	_____	

Is your organization a sponsored activity of Cochrane-Fountain City School? Yes _____ No _____

If NO, a Certificate of Insurance must be filed with the Business Office two weeks prior to the planned event. Insurance must have minimum limits of \$1,000,000 for general liability (covering bodily injury and property damage combined, and personal injury). The Certificate of Insurance must include the Cochrane-Fountain City School District as additional named insured.

I hereby accept responsibility for supervision, compliance with applicable laws, regulations and district policies, and payment of fees (if applicable, and subject to additional assessment in the event of damages) associated with the foregoing use of school facilities.

I have received and read the district policies on School facility use: Yes _____ No _____

Signature of Applicant: _____ Date: _____

Application approved by _____ Date Approved: _____

District Administrator