

REQUEST TO USE COMMUNITY HALL

Date: ____/____/____

DISTRICT POLICY KG SHOULD BE READ PRIOR TO COMPLETION OF THIS FORM

Name of Organization: _____

Mailing Address: _____

Telephone Number(s): _____

Name of Contact Person(s): _____

Email: _____

Name of Responsible Person(s) Which Will Be Present During Use: _____

Type of Activity / Function: _____

Estimated Number of People Using Facility: _____

School Building Requested: _____

School Facility / Room Requested: _____

School Equipment / Supplies Requested: _____

Date(s) of Use Requested: _____ through _____

Is this a Reoccurring Event: Yes No Explain _____

Time Building to be Used: _____:_____ a.m. p.m. _____:_____ a.m. p.m.

Day of Week of Use:

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

I, the undersigned, hereby stipulate that the above information is correct and that the organization/person(s) named above will comply with all applicable rules and regulations governing the use of Adel School District property, and further understand that the above organization/person(s) can be held responsible for the loss of, or damage to, Adel School property as a result of the above use and that said organizations or person(s) can also be held liable for the cost of re-keying the building and key replacement should key be lost. **AFTER THIS FORM IS PROCESSED AND RETURNED TO YOU, SEE REVERSE SIDE FOR ADDITIONAL INFORMATION. YOU MAY BE REQUIRED TO PAY A FEE FOR USE AND/OR FURNISH INSURANCE COVERAGE.**

Signature of Applicant

The Following will be filled out by school staff

The requested use is:

- Approved in Form/No conflict of use
- Denied for the following reason(s): _____

If the use is approved, the user must adhere to the following additional conditions during, and at the conclusion of use:

- ALL INTERIOR DOORS AND WINDOWS LOCKED AND SECURED
- FLOORS SWEEPED, TRASH REMOVED
- ALL LIGHTS TURNED OFF
- ADULT SUPERVISION REQUIRED OF ALL STUDENTS 21 AND UNDER AT ALL TIMES

Special Instructions: _____

BUILDING PRINCIPAL/Designee SIGNATURE _____/_____/_____
DATE

FOR ADMINISTRATIVE OFFICE USE ONLY

FEEES REQUIRED AS FOLLOWS

- Rental Fee \$200 _____
- Key Deposit \$25 _____
- Custodial Fee (hourly rate) _____

- Total Fees: _____

- FEES NOT REQUIRED
- PROOF OF INSURANCE NOT REQUIRED
- INSURANCE REQUIRED
- \$200 DEPOSIT REQUIRED-REFUNDABLE IF LEFT IN SAME CONDITION

INSURANCE COVERAGE MAY BE REQUIRED. FURNISH INSURANCE INFORMATION BELOW ONLY WHEN REQUESTED TO DO SO.

Name of Insurance Agent: _____
Address: _____ Telephone: _____

Copy of Insurance on File

- Yes
- No