

APPLICATION FOR USE OF FAIRFIELD COMMUNITY SCHOOL DISTRICT FACILITIES

* Complete and return to building principal and/or activities director.

Day(s)/Date(s) Wanted (please be specific): _____

This is a(n): _____ one time request _____ ongoing request from _____ to _____

Building wanted: _____ HS _____ MS _____ Pence _____ Washington _____ ACT

Area wanted: _____ Gym _____ Field _____ Commons _____ Classroom _____ Auditorium
_____ Kitchen _____ Other: specify: _____

Time wanted: _____ Hours building is to be open: _____

My signature indicates that I have received a copy of the district's policy (Code No. 905.1) regarding the use of a FCSD facility and/ or equipment and agree to abide by it. I also agree:

1. To provide adult supervision for all participants and spectators.
2. That street shoes will not be worn on gym floors, pianos will not be moved, and electrical outlets will not be altered.
3. That alcoholic beverages and tobacco products will not be present on school property.
4. To be responsible for carrying the proper insurance for the group's activities.
5. That the school district and agents will not be held responsible for the accidents, injuries, or theft of personal property incurred by those parties authorized to use the district facilities.
6. To leave the facilities in good condition, comparable to the way they were prior to use, and to pay labor charges if I fail to do so.
7. To be responsible for any damage to equipment or property which occurs during or as a result of the rental, and to report any damage to the building principal or activities director.
8. To adhere to the terms of this agreement and any additional terms imposed by the building principal or activities director.
9. That failure to abide by the above mentioned terms or repeated abuse of the facilities will result in cancellation of this and any future contracts.
10. To notify the building principal or activities director of a cancellation or variation.
11. Sponsoring organizations must stay on site until all underage individuals are off the property.

Signature: _____ Name (please print): _____

Organization: _____ Nature of Activity: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____ ++ _____

Number of People in Group: _____ Adults: _____ Youth: _____

Certificate of Insurance Coverage Attached: _____

***** FOR OFFICE USE *****

Rental Schedule (Circle One): A B C D E F

Facility use charges: _____ Other charges _____

Custodian Charges: _____ Hours: _____ Other personnel charges: _____ Hours: _____

Special Notes: _____ Amount of Deposit: _____

Signature Principal or A.D.: _____ Date: _____