

FACILITY USE FEES

Custodial Fees (Approximate):

Auditorium _____

Regular Hours: _____

Cafeteria _____

Non-School Hours: _____

Gymnasium: _____

Light/Sound Operator: _____

Dressing Rooms: _____

Supervisor: _____

Other: _____

Security: _____

TOTAL ESTIMATED CHARGES: _____ **DATE DUE:** _____

INSURANCE CERTIFICATE REQUIRED: _____ **DATE DUE:** _____

NOTE: Failure to provide insurance certificate at least one week prior to rental date will be grounds for termination of the rental agreement.

DAMAGE DEPOSIT REQUIRED: _____ **AMOUNT:** _____

Any additional charges billed after the reservation date is completed are due upon receipt of statement.

GRANTEE

GRANTOR

DATE

DATE

CHECK NO. _____ **AMOUNT** _____ **RECEIVED** _____ **DEPOSITED** _____ **by** _____

BUILDING DAMAGE DEPOSIT

I/We _____, Grantee, hereby deposit in the sum of _____ (approximately 1/3 of use fee) against building, furniture and equipment damage, to be held in escrow until the agreement has been fulfilled. The deposit will then be returned in full to the Grantee should no damage or other expense occur to the facility or equipment therein.

Cancellation must be received in the office of the Coordinator of Community Education or athletic director's secretary by 4:00 p.m. on _____, or deposit will be forfeited.

GRANTEE

GRANTOR

DATE

DATE



Check No. _____ Amount _____ Received _____

Returned to: _____
