

**CARROLLTON EXEMPTED VILLAGE SCHOOL
DISTRICT 205 SCIO RD. S.W., CARROLLTON, OHIO
44615**

Use of Facilities Application
Name of Event

Name of Organization/Club _____

Today's Date _____

Organization Contact Name (& Mailing Address- If not school related) _____ Contact Primary Phone # _____ E-mail _____

Type of Activity: _____ Is this a school/school club/activity? YES NO (Group# A B C)

Start DATE: ____/____/____ **DAY:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

IF more than a one day event:

End DATE: ____/____/____ **DAY:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

TIMES: For Set up Time _____: _____ AM / PM Event Start Time _____: _____ AM / PM
Event End Time _____: _____ AM / PM

*Facility-All facilities will require a custodian if a custodian is not scheduled for regular hours. Any kitchen use will require a cook.	Special Instructions: RE: tables/chairs, etc. bleachers, etc.	Group A See Below	Group B Per hour	Group C Per hour	Initial: Principal Director or Supervisor
<input type="checkbox"/> CHS-CMS/Performing Arts Center (PAC)		<input type="checkbox"/> N/C	<input type="checkbox"/> \$50.	<input type="checkbox"/> \$150.	Mr. Davis
<input type="checkbox"/> CHS-CMS/Commons Area		<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr. Davis
<input type="checkbox"/> CHS-CMS/Commons w/Kitchen		<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr.Davis/Mrs. Burns
<input type="checkbox"/> CHS-CMS/Band Room		<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr. Davis
<input type="checkbox"/> CHS/Classroom/Media Center	(Room #)	<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr. Davis
<input type="checkbox"/> MS Classroom/Media Center	(Room #)	<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr. Davis
<input type="checkbox"/> PTC/Industrial LAB		<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr. Davis
<input type="checkbox"/> PTC/Classroom		<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr. Davis
<input type="checkbox"/> PTC/Greenhouse		<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr. Davis
<input type="checkbox"/> CES Elem Gym (or old gym) (Circle one)		<input type="checkbox"/> N/C	<input type="checkbox"/> \$10.	<input type="checkbox"/> \$50.	Mr. Nicholas
<input type="checkbox"/> CES Elem Classroom		<input type="checkbox"/> N/C	<input type="checkbox"/> \$10.	<input type="checkbox"/> \$50.	Mr. Nicholas
<input type="checkbox"/> CES Elem Café		<input type="checkbox"/> N/C	<input type="checkbox"/> \$10.	<input type="checkbox"/> \$50.	Mr. Nicholas
<input type="checkbox"/> CES Elem. Kitchen w/Cook		<input type="checkbox"/> N/C	<input type="checkbox"/> \$10.	<input type="checkbox"/> \$50.	Mr.Nicholas/Mrs. Burns
<input type="checkbox"/> Bell Herron Gym		<input type="checkbox"/> N/C	<input type="checkbox"/> \$10.	<input type="checkbox"/> \$50.	Mr. Grubbs
*ADDITIONAL CHARGES to be added to above if required.					
<input type="checkbox"/> Custodian (*per custodian/per hour)		<input type="checkbox"/> N/C	<input type="checkbox"/> \$10.	<input type="checkbox"/> \$20.	Mr. Grubbs
<input type="checkbox"/> Food Service (*per cook/per hour)		<input type="checkbox"/> \$30.	<input type="checkbox"/> \$30.	<input type="checkbox"/> \$30.	Mrs. Burns
<input type="checkbox"/> Risers/**per event		<input type="checkbox"/> N/C	<input type="checkbox"/> \$75.	<input type="checkbox"/> \$75.*	Mr. Grubbs
<input type="checkbox"/> Field House		<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr. Eddy
<input type="checkbox"/> Stadium Field (Fields Lined -Yes <input type="checkbox"/> No <input type="checkbox"/>)		<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$75.	Mr. Eddy
<input type="checkbox"/> Stadium Concessions		<input type="checkbox"/> N/C	<input type="checkbox"/> \$30.	<input type="checkbox"/> \$30.	Mr. Grubbs
<input type="checkbox"/> PA System & Support		<input type="checkbox"/> N/C	<input type="checkbox"/> \$30.	<input type="checkbox"/> \$30.	Mr. Grubbs
<input type="checkbox"/> Stadium Lights		<input type="checkbox"/> N/C	<input type="checkbox"/> \$40.	<input type="checkbox"/> \$30.	Mr. Grubbs
<input type="checkbox"/> Stadium Scoreboard		<input type="checkbox"/> N/C	<input type="checkbox"/> \$30.	<input type="checkbox"/> \$30.	Mr. Grubbs
<input type="checkbox"/> Additional areas not listed (by special request)					

Group A- School Groups; Curricular or co-curricular functions either related to the curriculum or directly sponsored by the CEVSD. School Affiliated Groups, Community or school supported activities whose activities are student related & benefits the CEVSD (i.e., youth league, scouts, PTO, 4H, Boosters, churches, services clubs) unless *item. Meetings of employees associations, including CEVSD staff use, while custodians are on duty. Uses for voter registration or elections, and department or agencies of the government.

Group B- In-District Non-Profit Organization (must provide 501 C (3)). Must provide proof of liability insurance.

Group C- In-District Commercial & Out of District Organizations or Individuals. Must provide proof of liability insurance.

Waiver of Claim for Personal Injuries and Acceptance of Liability for Damages

(Name of Organization) agrees to INDEMNIFY and HOLD HARMLESS the Carrollton Exempted Village School District from all liability, claims, demands, damages, or costs, for, or arising out of use of the above-named facility whether it be caused by the negligence of the organization or the Carrollton Exempted Village School District Board of Education or either party's agents or employees, or otherwise. Furthermore, I accept full liability for any damage which is caused to the facility and/or equipment during the rental period.

Deposit: A \$50.00 deposit must be submitted along with this Use of Facilities Application for any "Group B or C" functions, made payable to Carrollton Board of Education. **Cancellation:** 24 hours cancellation notification is required. Failure to notify Mr. Robinson (330-627-2181) will result in a 2 hour fee. **Estimated Charge for Facility:** _____ **For Additional Charges:** _____ **Total Estimate:** _____

Billing: The organization will be billed after verification of use has been received. Additional hours may be necessary to accommodate special arrangements, clean-up etc.

Signature of Renter _____ **Date** _____ **Signature of Director of Programs** _____ **Date** _____