COMMUNITY RELATIONS

FACILITIES USE AGREEMENT

- This form must be submitted to the school or district office <u>10 days prior</u> to the requested usage.
- Please check our District Web Site <u>www.sd83.org</u> for available facilities and times.
- Please note, in the event a school function has been rescheduled due to unforeseen circumstances, non-school functions may be bumped or rescheduled.

Date Submitted:	Contact Person:	
Organization or Individual R	equesting Facility Use:	
Mailing Address:		Phone:
Email Address:		Cell Phone:
School Site Requested:		Facility Requested:
Please Note: A member of th	e kitchen staff must be present anyt the requestor to compensate the kit	me use of the kitchen is requested. It is the responsibility of the personnel for their time.
Date(s) & Time(s) of Reques	ted Use:	
If m	ore than five dates/times are	requested, please attach a list
Purpose of Use:		
Type of activity:	raiser 🗌 Non-Profit 🗌 Pri	vate / Commercial Other:
Services Needed: Oper	/Close Custodial Ki	tchen Equipment Other:
Requestor may be required to certificate on file, your use of) have a <u>Certificate of Insura</u> f facilities may be denied unti	<u>nce</u> on file at the District Office. If there is not a valid l one is submitted.
Do you have a valid Certific	ate of Insurance on file at the	District Office? YES NO
		neeting area to its original condition. If the District has responsible for wages or materials used and repairs.
if access will occur during	school hours. There is a \$1	sponsibility of the user. Contact the building Principal <u>5 refundable key/card lock</u> deposit, which <u>will be</u> reed upon date entered on this form.
Do you require a key/card le	ock for building access?	YES NO
If you answered YES above:		
What date and time will you	pick up the key/card lock for	the building?
What date and time will you	return the key/card lock for th	e building?

(All keys/card locks must be returned within 3 days after usage)

OFFICE USE			
Approval of Facility Use			
	Approved: YES NO		
	Date:		
Facilities Director Signature:	Date:		
All category three renters will require superintendent and/or board approval.			
Superintendent/Board Signature:	Date:		
Upon final approval, the Facilities Director will notify the requestor the form is approved and make other applicable arrangements.			
Note to building: Enter usage information on the District Calendar			
Key/Card Lock: Facilities Director must collect \$15 key/card lock deposit. This form may serve as verification.			
Key/Card Lock collected by:	Date:		
Building: Reques	tor: Receipt #:		
Key/Card Lock Return Information			
Was the key/card lock returned on the agreed upon date? YES NO			
Key/Card Lock deposit refunded to:			
Key/Card Lock deposit refunded to: Renter's Signature			
If you answered NO to the above, please forward the \$15 deposit to the District Office for deposit and contact the Facilities Director immediately to deactivate the key card.			
Other Fees to be charged to renter:			
Rental Fee: \$	Open/Close Fee: \$		
Utility Fee: \$	Custodial Hours: \$		
Kitchen Hours: \$			
**All fees collected by West Bonner County School District from community use of the facilities will be designated to the school in which the facilities use takes place.			
Did your custodian report any damage to the building? YES NO			
If there was damage, please have the maintenance/custodial department assess the damage to determine charge user is responsible to pay.			
Estimated Damage Cost: \$			
Note to Buildings: For all usage other than category three usages, please submit this entire form to the District Office after key/card lock has been returned and other applicable fees/charges/hours have been entered on this form. For category three usages, please submit this form to the Superintendent for approval; after approval it will be returned to you to complete as stated above. All rent is due prior to usage. (All Facility Use Agreements must be submitted to Facilities Office)			