

Bluffton Exempted Village Schools Application for Use of School Facility

Organization: _____
 Person in Charge: _____
 Billing Address: _____
 Phone # _____

Facility being used: _____

Date(s) of Event: _____

Time of Actual Event: _____

Doors Unlocked _____ am/pm Locked _____ am/pm
Do you need door unlocked by custodian? Y/N

Date of Application: _____

SPECIFY ENTRANCE: ____ Franklin St. ____ Jackson

Purpose: _____

____ College Ave. ____ Boy's OR ____ Girl's Locker room

Anticipated Attendance: _____

Admission Charge: Yes _____ No _____

Profit or Non-profit (circle)

***You will be responsible for actual set up & clean up unless you check "Custodial Labor" below. A charge may be incurred.**

OTHER: _____

Check Equipment Needed:

____ Microphone ____ Podium ____ Cafeteria Tables
 ____ *Mop/Broom ____ *Bucket/Rags for Clean up
 ____ *Folding tables (Specify # needed _____)
 ____ *Folding chairs (Specify # needed _____)
 ____ Bleachers out in gym ____ Baskets down gym
 ____ Score Board Set Up ____ Screen down Café.

RENTAL FEES (Exclusion of Labor):

Check desired needs	Facilities/Equipment/Labor	Minimum 4 Hr Rentals	Fraction Thereafter	Estimated Cost	Billing Office Use
	BHS Gym	\$200	\$50		
	BHS Old Gym	\$100	\$25		
	BMS Gym	\$200	\$50		
	BFEL Gym	\$100	\$25		
	Cafetorium	\$100 per hour			
	Cafetorium w/ Stage (Must have school approved sound/lighting person)	\$100 per hour			
	Sound & Lights	\$50 per hour			
	Sound only	\$25 per hour			
	Lights only	\$50 per hour			
	Kitchen-Meal Preparation (Cafeteria Employee Required)	\$50	\$10		
	Classroom		\$7.50/hr.		
	Labor -Food Service Employee-Paid at employee's time and one-half rate.	\$____ per hour per employee			
	Custodial Labor- paid at employee's time and one-half rate.	\$____ per hour per employee			

TOTAL ESTIMATED BUILDING RENTAL

Total Cost: \$ _____

I understand the regulations governing the use of school facilities; **I have completed the "Hold Harmless Clause" on the back of this form**, and hereby agree to all terms and conditions. Proof of comprehensive liability insurance in amounts not less than \$500,000/individual and \$1,000,000/aggregate claim may be required if applicant is not a school sponsored group.

Applicant Signature _____ (See reverse side of form for additional signature)

OFFICE USE ONLY:

Building Principal Approved: _____ Principal Signature: _____

Disapproved: _____

(Reason)

**Photocopy front/back—Copies to Principal, Head Maintenance, Renter and Superintendent
(if renters are non-school employees)**

Bluffton Exempted Village School District
102 S. Jackson St.
Bluffton, OH 45817
(419)358-5901

HOLD HARMLESS CLAUSE:

For and in consideration of the use of the facilities and/or equipment of the Board of Education of Bluffton Exempted Village Schools, _____
Individual/Group/Organization using facility
(indemnitor) hereby agrees to save, indemnify and HOLD HARMLESS the Bluffton Exempted Village School Board of Education and its agents, representatives, members, and employees from any and all liability, claims, demands, damages, attorneys fees, expenses or costs for, or arising out of: _____
(Describe use and building/facility to be used)
on _____, caused by negligence of indemnitor or its
(date(s) of use)
agents or representatives or employees.

Date

Signature