

WILLIAMSBURG LOCAL SCHOOL DISTRICT FACILITY USE APPLICATION

SECTION 1: (To be completed by person(s) requesting facility)

Name of Group: _____ Type of Activity: _____

No. of Participants/Spectators: _____ No. of Adult/Supervisors in Charge: _____

Location: [] Elementary School [] Middle/High School [] "The Centre"

Specify Area/Room: _____

Dates of Activity Day of Week Time of Activity Open Building
From: _____ To: _____

Sound System Requested? Yes or No If Yes, What is required? _____

Special Lighting Requested? Yes or No If Yes, What is required? _____

Additional Services Requested? _____

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION:

By signing this application, the person whose signature appears below signifies that he/she will be responsible for the group, will insure that the buildings are not misused, that groups have proper adult supervision, that the buildings and groups are used in conformity with the Rules and Regulations of the Board of Education of the Williamsburg Local School District Board of Education and that school activities have priority for the use of any building.

(Name of Group or Person renting facility) _____ agrees to indemnify and HOLD HARMLESS the Williamsburg Local Schools Board of Education and their agents and employees from all liability, claims, demands, damages, or costs, for, or arising out of injury or alleged injury to any and all members of the group whether it be caused by the negligence of indemnitor or Williamsburg Local School Board of Education or either party's agents or employees, or otherwise. Failure to notify school officials of event/activity cancellation may result in an assessment of fees.

Name of Person, Address, Email Address and Phone Number, responsible for arrangements: _____

_____ Email: _____ (H#) _____

(W#) _____ Signature: _____

Renter must notify Building Administrator 24 hours in advance if rental is cancelled or if any changes in rental times. Failure to notify Building Administrator in time to cancel custodian opening building will result in group being charged a minimum of 1 hour custodial overtime.

SECTION 2: (To be completed by Building Administrator)

[] Recommend Approval [] Recommend Disapproval Group Category _____

Custodial Services Needed? [] Yes # Hours ____ [] No / Kitchen Supervision Needed? [] Yes # Hours ____ [] No

Signature: _____ Date: _____

SECTION 3: (To be completed by Superintendent)

[] Facility Use Approved [] Disapprove Facility Rental Fee _____ Custodial Costs _____

Additional Information: _____

Signature: _____ Date: _____