



## CENTER ISD FACILITY RENTAL APPLICATION-AGREEMENT

### SECTION 1: APPLICATION

Requested Date: \_\_\_\_\_ Facility/Campus: \_\_\_\_\_  
Name of Applying Organization: \_\_\_\_\_  
Requested by (Contact Person): \_\_\_\_\_ Phone: \_\_\_\_\_  
Time of Day Needed: \_\_\_\_\_ Estimated Number of Participants: \_\_\_\_\_  
Brief Description of Activity: \_\_\_\_\_

### SECTION 2: AGREEMENT

The applicant organization's representative has read and agrees to the Rules and Regulations of the Center ISD Facilities Rental Policy. In addition:

- \* The representative, and the organization represented, hereby agree and undertake to save and hold blameless Center ISD from any and all claims for damages, personal or otherwise, that may arise out of the use of property, whether by a member of his organization or by other persons using or enjoying said property, and without regard to whether the damage, personal or otherwise, is brought about or caused by negligence, whether on the part of the representative, organization, Center ISD or all three.
- \* The representative and organization will be responsible for and agree to pay for damages done, exclusive of ordinary wear and tear.
- \* Approval facilities are subject to change due to unforeseeable school activities.

Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SECTION 3: FEES

Fees are based on the hourly rates of the personnel involved, equipment/utilities used and building use fees. The leasing/rental organization representative must sign this contract and pay applicable fees at least 7 days before use of facilities is approved unless prior arrangements are made.

Personnel requested/required:	# or Personnel	Rate/hour	Total
Security:	_____	_____	\$ _____
Food Service Staff:	_____	_____	\$ _____
Maintenance/Custodial:	_____	_____	\$ _____
Utilities/Set-up Fee:	_____	_____	\$ _____
		Facility Fee	\$ _____
		Refundable Deposit	\$ _____
		FEE TOTAL:	\$ _____

### SECTION 4: SCHOOL INFORMATION

Application Approved: \_\_\_\_\_ Application Denied: \_\_\_\_\_  
Date Application Received: \_\_\_\_\_ Date Organization Contacted: \_\_\_\_\_  
Administrator's Signature: \_\_\_\_\_

Copy Sent to: Building Principal \_\_\_\_\_ Maintenance Director \_\_\_\_\_ Campus Maint. Employee \_\_\_\_\_  
Athletic Director \_\_\_\_\_ Food Service Dept. \_\_\_\_\_ Mr. Henson \_\_\_\_\_

Special Instructions/ Set up information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_