

NORTH ROYALTON CITY SCHOOLS
FACILITY USE APPLICATION

ALL FORMS MUST BE SUBMITTED ELECTRONICALLY TO:
facilityuse@northroyaltonsd.org

Today's Date: _____

Name of Organization:	
(Organization's Address)	(City, State, Zip Code)
Sponsor/Person in Charge of Activity:	
Sponsor's Address, City, State, Zip:	
Sponsor's Email Address: (for approval return)	
Sponsor's Home Phone: ()	Work: () Cell: ()
Purpose of Rental:	
School Requested: <input type="checkbox"/> High School <input type="checkbox"/> Middle School <input type="checkbox"/> Elementary School	
Facility(ies) Needed:	
(e.g.: Gym 1, Gym 2, Cafeteria, The Dan Calabrese Center for Performing Arts, Community Room, Media Center, etc.)	

Date(s) Needed:	Event Start Time:
During the Following Hours: (Make sure times include set up and tear down, and a half hour before and after)	
Monday to	Tuesday to
Wednesday to	Thursday to
Friday to	Saturday to
Sunday to	

Expected Participants:	Expected Attendance:
Will Admission be Charged? If YES, Price of Tickets: Adult \$ Child \$	
Will Refreshments be Served or Sold? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please	
Will Anything Other Than Refreshments be Sold? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please describe:	
Will Refreshments be Served or Sold to Students? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please see food guidelines.	
Name(s) of Adult Supervisor(s) on Site for Each Date Requested:	

Personnel Requested (see rental charges list) Note: If access is needed to kitchen cooler, freezer, or oven, you must request a cafeteria worker.

(IF A SPECIFIC SETUP IS REQUIRED, PLEASE COMPLETE THE CUSTODIAL SET-UP FORM THAT FOLLOWS THIS APPLICATION)

PLEASE NOTE:	
1	The applicant agrees to indemnify and hold harmless the North Royalton Board of Education and its agents and employees from all liability, claims, demands, damages, or costs for or arising out of any incident (subject of indemnity) whether it be caused by the negligence of the indemnifier or the NR Board of Education or either party's agents or employees or otherwise. The group has obtained liability insurance naming the NRCS Board of Education as an additional insured. GROUP MUST PROVIDE CERTIFICATE OF LIABILITY WHEN SUBMITTING USE APPLICATION.
2	Applicant should be aware of the facility use fees on the attached page. Your submission indicates you are aware that appropriate fees will be charged. Failure of applicant organization to pay appropriate fees and/or special assessments for cleanups or repairs to damaged facilities or equipment will result in the revocation of future privileges for the organization. Should facility applicant have the need to cancel a scheduled event, facility manager must have 24 hour notice otherwise applicant will be charged, at minimum, a two hour custodial fee plus any additional charges incurred related to the scheduled event. Phone number for cancellation purposes only: 440-582-7807
3.	I have read and understand the rules and regulations for use of school buildings and facilities.
Applicant's Name: _____ Date: _____	

Should you have questions regarding facility use please contact: 440-582-7803.

Facilities Manager's Approval: _____ Date: _____

Administrator's Approval: _____ Date: _____

CUSTODIAL SET-UP FORM

Please indicate below what type of set-up you require for your activity/event. Include equipment needed (tables, number of chairs, podium, mic, TV/DVD, LCD with screen, etc.), and if necessary, describe how you would like the room arranged.

Return this completed form along with the Application for Use of Facilities to the Facilities Manager.

<u>Activity/Event:</u>
<u>Date(s) of Activity/Event:</u>
<u>Facility/Room(s) requested:</u>
<u>Name of Adult in Charge:</u>
Adult's Home Phone: () Work: () Cell: ()

Please note: Should facility applicant have the need to cancel a scheduled event, facility manager must have 24 hour notice otherwise applicant will be charged, at minimum, a two hour custodial fee plus any additional charges incurred related to the scheduled event. **Phone number for cancellation purposes only: 440-582-7807**

Describe Detailed Set-Up in this Area