

**CLINTON-MASSIE LOCAL SCHOOL
BUILDING RENTAL REQUEST FORM**

Date of Application: _____ Class: _____

Name of Individual or Group: _____

Address: _____

Name of Individual making request: _____

Address: _____ Phone: _____

Activity to be conducted: _____

Exact Dates and Times Facility is Desired:

DATE	TIME (from-to)
_____	_____
_____	_____
_____	_____
_____	_____

Facility Desires: _____

Equipment Needed: _____

- **A \$50 deposit is required for ALL organizations to secure a fob for the use of the facility. The deposit will be required 1 day prior to the event. Fob must be returned within 3 working days after last date listed.**
- **Fobs may be picked up Monday-Friday from 7 a.m. to 3 p.m. from Sandra Achor in the high school office. Please make checks payable to: Clinton-Massie Local Schools.**
- **All fobs will work 30 minutes prior to the start of your event, unless special arrangements have been made, and will deactivate at the end time listed for each event.**

I have read and agree to follow the guidelines for the Use and Rental of Clinton-Massie School Facilities and agree to indemnify and hold harmless Clinton-Massie Board of Education and their agents and employees from all liability, claims, demands, damages or cost for or arising out of above group using Clinton-Massie facilities whether it be caused by negligence of indemnitor or Clinton-Massie Board of Education or either party's agent or employees, or otherwise.

Signed: _____ **Date:** _____

Charges (to be completed by the building principal/designee or Superintendent)

\$27/hr. rate for custodial workers

\$16/hr. rate for kitchen workers

Approved: _____ Date: _____

By: _____

Not Approved: _____ Date: _____

Title: _____

Reason: _____

Date Payment Received: _____

Received by: _____