

**-HERMON SCHOOL DEPARTMENT
Community Use of School Facilities - Building/Facilities Request Form**

Applicant's Name: _____ Date: _____

Address: _____

Organization's Name (if applicable) _____ Phone: _____

Non Profit Organization Yes No If yes, please provide proof of non profit status.

Date(s) requested for Use: _____

ELEMENTARY SCHOOL Area Requested: _____ Gymnasium _____ Cafeteria _____ Fields

_____ Classroom (s) (Please indicate number of classrooms requested) _____ Parking Area

_____ Hours requested (number of hours) from _____ a.m. /pm to _____ a.m. /p.m.

Details: _____

MIDDLE SCHOOL Area Requested: _____ Gymnasium _____ Classrooms _____ Fields

_____ Hours requested (number of hours) from _____ a.m. /pm to _____ a.m. /p.m.

Details: _____

HIGH SCHOOL Area Requested: _____ Auditorium _____ Gymnasium _____ Cafeteria

_____ Kitchen _____ Computer Labs _____ Weight room _____ Classrooms # _____

_____ Softball Field _____ Baseball Field _____ Field Hockey Field _____ Soccer Field

_____ Other Area (parking lot, non-recreational field, etc.)

_____ Hours requested (number of hours) from _____ a.m. /pm to _____ a.m. /p.m.

Microphone? _____ Stage lights? _____ @ (\$25/hr.) _____ Sound system @ (\$25/hr.)

Details: _____

A certificate of insurance is required before this form is processed.

Any activity that is held at a time when a custodian is not routinely on duty will require an additional payment for custodial services (at an overtime rate - currently up to \$22.00 per hour). A deposit of (the lesser) \$100.00 or one half the estimated fee with \$25.00 nonrefundable is due before space will be reserved. Full payment is due within thirty days of the completion of the event. _____ hours requested (number of hours) from _____ a.m. /pm to _____ a.m. /p.m.

Details: _____

My signature below indicates that I have read attached policy KG and understand the fee schedule provided within.

Signature: _____ Date: _____

For Office Use Only

Certificate of insurance is: _____ attached _____ on file

Custodians: _____ Sound Light Technician: _____

Cafeteria personnel : _____ Hours: _____

Deposit received by: _____ Amount: _____

8/9/04 _____ (cash check)