

Wattsburg Area School District Utilization of School Facilities Form

SECTION I *Section I to be completed by person requesting utilization of school facilities.*

Name of Organization _____

Officer or Individual Responsible: _____

Address: _____

Home Phone Number: _____ Work/Cell Phone Number _____

Please select the best class that describes your organization:

See attached School Board Policy for additional information

Class I School District Related
 Class II Non-Profit WASD Resident Organization
 Class III Profit or Non-WASD Resident Organization

Which facility does your organization wish to use:

Seneca High School
 Middle School
 Elementary Center
 Athletic Fields

Facility to be used for: _____

Date(s) desired _____ Has this date been verified by the school office Yes No

Number of participants _____

Will funds be raised at this event? Yes No Will Games of Chance be conducted? Yes No

Facility to be opened at _____ AM PM Length of activity to be _____ hours

Start time of event _____ AM PM Ending time of event _____ AM PM

Specific area(s) needed for this request:

| | WASD USE | | WASD USE | | WASD USE |
|--|----------|---|----------|---|----------|
| <input type="checkbox"/> Auditorium | _____ | <input type="checkbox"/> Commons (SHS) | _____ | <input type="checkbox"/> Gymnasium | _____ |
| <input type="checkbox"/> Kitchen | _____ | <input type="checkbox"/> Computer Lab | _____ | <input type="checkbox"/> Football Field | _____ |
| <input type="checkbox"/> Videoconference Room | _____ | <input type="checkbox"/> Conference Room | _____ | <input type="checkbox"/> Concession Stand | _____ |
| <input type="checkbox"/> Cafeteria Dining Room | _____ | <input type="checkbox"/> Boys' Locker Room | _____ | <input type="checkbox"/> Baseball Field | _____ |
| <input type="checkbox"/> Classroom # Needed | _____ | <input type="checkbox"/> Girls' Locker Room | _____ | <input type="checkbox"/> Softball Field | _____ |
| <input type="checkbox"/> Other (Specify) | _____ | | | | |

Special Request:

Special Request would include number of tables needed, audiovisual equipment needed, PA equipment needed, etc.

I have read and understand the attached School District Policy Number 707 regarding the Utilization of School Facilities. I will be responsible for compliance with this policy during the period of use. I acknowledge and agree to pay any fees, if applicable. I also understand that a contract may be issued, upon Board of Education approval.

Signature

Date

Printed Name

SECTION II Section II to be completed by Building Principal.

1. Are the date(s) requested available? ____ Yes ____ No
 - a. If "Yes" go on to question 2.
 - b. If "No" contact organization.
2. Does the Request meet School Board Policy 707? ____ Yes ____ No
 - a. If "Yes" go on to question 3.
 - b. If "No" contact organization.
3. Do you approve this Building Request? ____ Yes ____ No
 - a. If "Yes" go on to question 4.
 - b. If "No" sign and date below and return the request to the organization.
4. Is this Request a Class I (School District Related) organization? ____ Yes ____ No
Note: Class I organizations do not require Board of Education approval.
 - a. If "Yes," go on to question 5.
 - b. If "No" sign and date below and forward to Business Administrator.
5. Contact appropriate supervisors to determine if staff is scheduled to be on duty. If staff is not scheduled to be on duty, supervisors must provide you with an estimate of fees for this request.
 - a. Estimated Cost: _____
6. Are district personnel associated with this request scheduled to be on duty? ____ Yes ____ No
 - a. If "Yes" sign and date below and forward request to all supervisors involved.
 - b. If "No" contact organization to inform them of fees associated with their request, go to question 7.
7. Has the organization agreed to the fees for this event? ____ Yes ____ No
 - a. If "Yes" sign and date below and forward a copy to the Supervisors involved for scheduling and a copy to the Business Administrator for billing.
 - b. If "No" return request to organization.

 Building Principal's Signature Date

SECTION III Section III to be completed by Business Administrator.

1. Contact appropriate supervisors to determine if staff is scheduled to be on duty.
2. Contact organization to inform them that fees for this request will amount to _____.
3. Has the organization agreed to the fees for this event? ____ Yes ____ No
 - a. If "Yes" sign and date below, forward to Superintendent for approval.
 - b. If "No" return request to organization.

 Business Administrator's Signature Date

SECTION IV

Approved Yes No

 Superintendent's Signature Date

SECTION V

Approved by Board of Education Yes No

 Date

AGREEMENT

I have read, understand, and agree to abide by Wattsburg Area School Policy 707, especially the General Conditions section, regarding the Utilization of School Facilities during the period of use as stipulated in Section I of this form. I acknowledge and agree to the estimated fee of \$ _____, and that the Business Administrator, upon completion and inspection of the facility, will invoice me for the actual fees. Also, a non-refundable deposit of 25% of the estimated charges will be required when this agreement is signed, for Class III organizations. **User holds the school district harmless from all claims for injury to or the death of any person, and for damage to or the loss of any property arising out of or attributed directly or indirectly to the operations or omissions of the school district. User indemnifies the school district for all damage to property belonging to the school district and for all injuries to or the deaths of any representative or employee of the school district resulting from all acts or omissions of user.**

 Business Administrator's Signature Date Organization Representative Signature Date

SCHEDULE OF FEES

| | Class I | Class II | Class III | Class IV |
|---|----------------|---|--|-----------------|
| Auditorium, Gymnasium, Kitchen or Videoconference Room | No Fee* | \$32 up to 4 hours, plus \$8 for each additional hour | \$64 up to 4 hours, plus \$16 for each additional hour | Negotiable |
| Cafeteria Dining, Gathering Area, Computer Lab or Locker Room | No Fee* | \$24 up to 4 hours, plus \$6 for each additional hour | \$48 up to 4 hours, plus \$12 for each additional hour | Negotiable |
| Classroom | No Fee* | \$16 up to 4 hours, plus \$4 for each additional hour | \$32 up to 4 hours, plus \$8 for each additional hour | Negotiable |
| Conference Room and Meeting Room | No Fee* | \$8 up to 4 hours, plus \$2 for each additional hour | \$16 up to 4 hours, plus \$4 for each additional hour | Negotiable |
| Football Field | No Fee* | \$200 up to 4 hours, plus \$50 for each additional hour | \$400 up to 4 hours, plus \$100 for each additional hour | Negotiable |
| Baseball or Softball Field | No Fee* | \$96 up to 4 hours, plus \$24 for each additional hour | \$192 up to 4 hours, plus \$48 for each additional hour | Negotiable |
| Other Fields | No Fee* | \$48 up to 4 hours, plus \$12 for each additional hour | \$96 up to 4 hours, plus \$24 for each additional hour | Negotiable |
| Concession Stand | No Fee* | \$32 up to 4 hours, plus \$8 for each additional hour | \$64 up to 4 hours, plus \$16 for each additional hour | Negotiable |

* Custodial, cafeteria and technology fees will be assessed if those personnel are not scheduled to be on duty.

Class II, Class III and Class IV will also be subject to all fees and expenses incurred by the school district over and above rental charges for said facility used. Examples are custodial, cafeteria and technology wages and benefits, ISDN telephone lines, and videoconference equipment.