FLOWING WELLS SCHOOLS
Requisition for Use of
District Facilities or Equipment

1. Fill out this three-part form completely and return it to the Site Building Administrator. Separate forms are required for each facility use. A new request must be submitted annually, before June 30th.

2. Submit your request at least two weeks in advance; sooner, if you wish to insure availability.

3. Approved copies of this form will be signed and returned to the Building Administrator and the Rental Party. The signed copy shall comprise your reservation for use. Each request must be approved by the Governing Board.

Name of Rental Party: ____________________________________________________________

Responsible Individual: __________________________________________________________

Address: ____________________________________________ Zip: _______________________

Telephone: ___________________________ Date: ____________________________

Email Address: ________________________________________________________________

Date(s)/Time(s) Requested: ______________________________________________________

School Facility Requested (be specific): __________________________________________

School Equipment Requested (be specific): ________________________________________

Purpose of Request: ____________________________________________________________

Number of Participants/Spectators Expected: _______________________________________

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Copy 1: Business Office Copy 2: Building Administrator Copy 3: Rental Party
I hereby agree to assume full personal responsibility for the stated District facility and/or equipment and guarantee that the facility and/or equipment will be left in the same condition as when obtained. This responsibility includes removal of any litter created, use of appropriate non-marking footwear in gyms, lights, A/C, and evaporative coolers turned off, and the facility properly secured at the end of the activity. I also understand and agree to abide by the District non-smoking policy.

Facility use is granted only for those specific dates and times which are shown and approved on the first page of this form. Deviations from the approved schedule will be allowed with specific District approval and may be initiated based on District needs as they occur. At all times, school functions and activities will take priority over all District Facility Use Agreements.

The responsible person at any activity must have a copy of this form in his/her possession at all times. The copy should be presented to any Flowing Wells District employee who requests proof of your authorization.

I affirm that our organization is □ / is not □ a religious or political body and that it does not restrict its membership in any way whatsoever due to race, color, creed, sex, religion, national origin, or handicap.

I also agree to hold the District harmless from any liability due to use of the school facilities and to furnish proper insurance as required by the District and State law. A CERTIFICATE OF LIABILITY INSURANCE FILLED IN BY AN INSURANCE AGENT MUST BE ATTACHED. This insurance shall provide the minimum limit of $1,000,000 for bodily injury and property damage and names the district as additional insured.

In the event the District employs an attorney to enforce any of the provisions of this agreement by court action or otherwise, the District shall be entitled to recover from the rental party any attorney’s costs reasonably incurred by the district.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND ATTEST THAT ALL INFORMATION GIVEN BY ME IS TRUE AND COMPLETE. I FURTHER UNDERSTAND THAT FAILURE TO ABIDE BY THESE PROVISIONS WILL RESULT IN ADDITIONAL CHARGES BY THE DISTRICT TO CORRECT SUCH FAILURES. ALSO, SUCH FAILURE WILL JEOPARDIZE FUTURE USE OF DISTRICT FACILITIES.

Signature: ________________________________

Group: ________________________________

Charge (Refer to Rental Chart): □ Community □ For Profit □ Extension Programs

Facility Fee: $ _____ Custodial Fee: $ ______ Utilities Fee: $ ______ Equipment Fee: $ ______

Actual Wages for Staff: $ ______ Other: $ ______

Estimated Total: $ ________________________________

Signature of Building Administrator: ________________________________ Date: ________________ □ Approved □ Disapproved

Signature of District Representative: ________________________________ Date: ________________ □ Approved □ Disapproved

Payment received by: ________________________________ Date: ________________

Remarks: ____________________________________________

**ONLY DISTRICT-SPONSORED EVENTS WILL BE FREE OF CHARGE – ALL OTHER RENTALS WILL HAVE A FEE**