

**Request for Facilities/Lease Agreement**

Event Date \_\_\_\_\_ Event Time \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Type: Non Profit \_\_\_\_\_ Profit: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Facility(ies) Requested: \_\_\_\_\_

Purpose for use of facility(ies): \_\_\_\_\_

Total time facility needed (Setup-cleanup): \_\_\_\_\_

Will admission/donations be charged/accepted? (Circle One) YES NO If Yes, state the amount and what the proceeds will be used for: \_\_\_\_\_

Will there be Concessions? (Circle One) YES NO Will you employ paid workers for the event? (Circle One) YES NO

\*If Yes, insurance coverage needs to show workman's compensation for those employed

Special Requests: \_\_\_\_\_ Utility Use? (Circle One) HEAT or AIR CONDITIONING

Additional information for Community: \_\_\_\_\_

*Frontier School Corporation and its employees will assume no financial responsibility for any losses or damages to the persons or personal property of any member of a group using the facility.  
The person who signs as the person responsible for the event is hereby informed and understands that s/he will assume all financial responsibility for any personal injuries or any personal losses or damages to personal property for all members of his/her group.  
The person responsible for the event agrees to pay Frontier School Corporation for any damages to their facility that may incur as a result of any act or actions of any member of his/her group.  
Frontier School Corporation may deny the use of their facility any time and for any reason without liability for this action from the lessor.  
The lessor will inform and guarantee that NO member of his/her group will bring any form of alcoholic beverage, illegal controlled substance, tobacco product, or firearm onto Frontier School Corporation premises.  
The responsible party who signs this form does so with the understanding that they have read and thoroughly understand the policies and regulations regarding the use of these facilities.*

Signature of person responsible for the event: \_\_\_\_\_ Date: \_\_\_\_\_

For Administrative Staff Only

Contact Staff Person for Event: \_\_\_\_\_ Staff Contact Phone Number: \_\_\_\_\_

Staff Person Will Attend Event: (Circle One) YES NO

Signature of Approving Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approving Superintendent or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Total Non-Refundable Deposit: \$ \_\_\_\_\_  
Facility Rental Fee: \$ \_\_\_\_\_  
Additional Personnel Charges: \$ \_\_\_\_\_  
Extra Expenses: \$ \_\_\_\_\_  
Key Fob Deposit: \$ \_\_\_\_\_  
Total Charges & Fees: \$ \_\_\_\_\_