

# FACILITY RENTAL FORM

## RENTAL DETAILS

FACILITY REQUESTED: \_\_\_\_\_

DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

NUMBER OF PEOPLE EXPECTED: \_\_\_\_\_

## CUSTOMER INFORMATION

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## UNIFORM FEE SCHEDULE

K-8 Auditorium, Cafeteria, Gym, or Athletic Fields \$100

High School Cafeteria, Gym, or Athletic Fields \$200

\$100 Maintenance Fee for Outdoor Facilities

\*\*\*Personnel requirements are left to the discretion of the School Principal and Chief of Police. See cost below.

☐ I understand that fees may be subject to change and that I am responsible for any damages to RCS property during the duration of this agreement.

☐ I understand that if my event goes over the outlined timeframe overage fees will be applied. Overage fees will reflect the uniform fee schedule and any personnel affected.

\_\_\_\_\_  
*Responsible Adult Overseeing Rental Signature*

\_\_\_\_\_  
*Date*

## TO BE COMPLETED BY SCHOOL PRINCIPAL

PERSONNEL REQUIRED: (CHECK ALL APPROPRIATE)

☐ NONE

☐ \_\_\_\_ CUSTODIAN(S) x \_\_\_\_ hrs x \_\_\_\_ days (Custodian cost \$25/hr)

☐ \_\_\_\_ SCHOOL RESOURCE OFFICER(S) x \_\_\_\_ hrs x \_\_\_\_ days (SRO cost \$40/hr)

☐ \_\_\_\_ CAFETERIA MANAGER(S) x \_\_\_\_ hrs x \_\_\_\_ days (Cafeteria Manager cost \$25/hr)

☐ \_\_\_\_ PRESS BOX ATTENDANT x \_\_\_\_ hrs x \_\_\_\_ days (Press Box Attendant cost \$27/hr)

**TOTAL COST:** \_\_\_\_\_

COMMENTS/SPECIAL INSTRUCTIONS: \_\_\_\_\_

☐ **Principal is unable to recommend this application because:** \_\_\_\_\_

☐ **Principal agrees that the user group can use the facility and that personnel are available to work.**

\_\_\_\_\_  
*Principal's Signature*

\_\_\_\_\_  
*Date*