TIPPECANOE SCHOOL CORPORATION
FACILITY USAGE AGREEMENT PERMIT

School /Facility Requested _____

Organization Requesting Facility _____

Date to be used_____ Building open from _____ AM/PM to_____AM/PM

Type of activity _____

Participation fees or admission charge? Yes_____ No _____ Charge _____

What purpose will fee be used for? _____

Special equipment or service needed_____

Name of insurance company _____

You or your organization is required to provide a certificate of insurance for $1,000,000 covering the event with this request.

Certificate of insurance attached? Yes_____ No _____ Not applicable _____

Number of persons anticipated _____ Number of TSC students _____

Number of adults _____ Number of students not TSC _____

Please read and understand the rules and regulations governing the use of facilities before signing this form.

_____ _____
Name of Applicant (please print) Address (including City, State, and Zip Code)

_____ _____ _____
Signature of Applicant Date Phone Number

_____ _____
Contact Person (if different from applicant) Email Address

-FOR SCHOOL USE ONLY-

All appropriate personnel must sign off to approve the use of the facility.

	Approval (Please sign)	**Number of Staff Needed**	**Fee per hour**
Athletic Dir	_____	_____	NA
Auditorium Mgr	_____	_____	$25
Asst. Auditorium Mgr	_____	_____	$15
Pool Mgr	_____	_____	$25
Life Guard	_____	_____	$15
Custodian	_____	_____	$35
Food Service	_____	_____	$30
	_____	_____	
	_____	_____	
	_____	_____	

Signature of Principal or Designee _____ Date _____
(Signature implies approval of this request)

-FOR CENTRAL OFFICE USE ONLY-

Date application received in the office of the director of Buildings & Grounds _____

Class _____ Rental Fee _____ Personnel Fee _____**

Estimated Total Fees _____

****Actual cost will be calculated from actual hours worked**

Certificate of Insurance required? Yes_____ No _____
Certificate of Insurance on file? Yes_____ No _____

Approved by the Director of Buildings & Grounds _____ Date _____

Date of original billing_____ Date of collection _____

Date of additional billing_____ Date of collection _____

Date of additional billing_____ Date of collection _____

REQUEST FOR ADDITIONAL HOURS

ENERGY MANAGEMENT SYSTEM

BUILDING_____

DATE SERVICE IS NEEDED_____

TIME FROM: _____ TO: _____

AREAS INVOLVED – BE SPECIFIC, USE ROOM NUMBERS WHEN APPLICABLE

_____

_____

_____

EVENT OR PROGRAM:_____

_____

PRINCIPAL'S SIGNATURE _____

PLEASE GIVE AT LEAST 48 HOURS NOTICE. THERE MAY NOT BE SOMEONE HERE TO SET THIS UP AT THE LAST MINUTE.

Print on Light Purple Paper