

**RAPIDES PARISH SCHOOL DISTRICT
LEASE/USE OF FACILITIES
REQUEST WORKSHEET**

REQUESTER: _____

SIGNATURE AUTHORITY: _____ **NON-PROFIT: YES** ____ **NO** ____

ADDRESS: _____ **CITY:** _____ **STATE:** ____ **ZIP** _____

TELEPHONE / E-MAIL: _____

DATE(S) AND TIME(S) OF USE: _____

FACILITY/SCHOOL NAME: _____

ROOMS/FACILITIES TO BE USED: _____

RATE PER HOUR: _____ **HOURS OF USE:** _____ **SUB-TOTAL: \$** _____

ADMINISTRATOR /TEACHER SUPPORT (\$38.50HR): Y ____ N ____ \$ _____

TEACHER /TECHNICAL SUPPORT (\$38.50/HR): Y ____ N ____ \$ _____

FOOD SERVICE SUPPORT (\$33.00/HR): Y ____ N ____ \$ _____

CUSTODIAN SUPPORT (\$32.00/HR): Y ____ N ____ \$ _____

TOTAL USE FEE..... \$ _____

(Check or Money Order made payable to: Rapides Parish School Board attached to the Contract of Lease AND Certificate of \$1,000,000 General Liability Insurance naming RPSB as additional insured under your policy)

#ANTICIPATED ATTENDANCE _____ **#UNIFORMED POLICE REQUIRED:** _____

COMMENTS/RESTRICTIONS: _____
