

Charles A. Beard Memorial School Corporation
Facility Use Request Form

Organization Name: _____

Nonprofit? (Yes/No): _____ If yes, EIN: _____

Primary Contact Person: _____

Phone: _____ Email: _____

Event Name/Purpose: _____

Requested Facility/Room(s): _____

Date(s) Requested: _____

Start Time: _____ End Time: _____ Expected Attendance: _____

Will admission or participation fees be charged? ☐ Yes ☐ No

Equipment Needs

☐ Chairs - Number of chairs: _____

*Custodial Services Required?

☐ Tables - Number of tables: _____

☐ Yes ☐ No

☐ Audio system

*Kitchen Facilities Requested?

☐ Projector/Technology

☐ Yes ☐ No

☐ Gym equipment

☐ Other: _____

Insurance Carrier: _____

Policy Number: _____

Certificate of Insurance Attached? ☐ Yes ☐ No

Hold Harmless Agreement

I agree to indemnify and hold harmless the Charles A. Beard Memorial School Corporation for any claims, injuries, or damages arising from the use of facilities.

Signature: _____ Date: _____