



Lease Agreement Number: _____

SCHOOL FACILITIES LEASE AGREEMENT

THIS LEASE, entered into this _____ day of _____, 20____, by and between the School District of Collier County, Florida, hereinafter referred to as the District, and _____, herein after referred to as the User.

WITNESSETH: The parties to this lease have agreed that the following terms and conditions shall be applicable to the lease of any of the District facilities described herein.

1. School Board Policy No. 7510 and its implementing Administrative Procedure 7510 shall be incorporated by reference into this lease, and the parties agree to be bound by the terms and conditions found herein.
2. The following information is presented by the User in order to obtain the requested facilities and the User affirms that said facts are true and correct to the best of its knowledge and belief:

Name of School: _____ Is meeting free to public: _____
 Dates Requested: _____ What price is charged to attend: _____
 Total Number of Uses: _____ Name of User's President: _____
 Hours of Use: _____ Phone Number of User's President: _____
 (Please use hours: Example 4 p.m. to 6 p.m.) Name of User's Treasurer: _____
 Anticipated Attendance: _____ Phone Number of User's Treasurer: _____
 Purpose of Use: _____ Users Email Address: _____
 Furnishings or Special Preparations Needed: _____

Please Mark Facilities Needed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Classroom - Room #'s _____ | <input type="checkbox"/> Auditorium – ARH & GCH | <input type="checkbox"/> Sand Volleyball Court |
| <input type="checkbox"/> Cafeteria/Multi-Purpose Room | <input type="checkbox"/> Auditorium – (All High Schools except ARH & GCH) | <input type="checkbox"/> Football/Soccer/Track (no lights) |
| <input type="checkbox"/> Small Multi-Purpose Room | <input type="checkbox"/> Ad Center Board Room | <input type="checkbox"/> Football/Soccer/Track (with lights) |
| <input type="checkbox"/> Media Center | <input type="checkbox"/> Ad Center Training Room | <input type="checkbox"/> Softball/Baseball Field (no lights) No batting cages |
| <input type="checkbox"/> Gymnasium (Middle School) | | <input type="checkbox"/> Softball/Baseball Field (with lights) No batting cages |
| <input type="checkbox"/> Gymnasium (High School) | | <input type="checkbox"/> Practice Field |

User is a corporation, association, or entity lawfully authorized to enter into this lease agreement. User further agrees that it will use the premises in an appropriate manner consistent with applicable laws, State Board of Education Rules, the policies and procedures of the District School Board of Collier County School Board and the directions of the facilities administrator in charge of the facilities being leased. In entering into a lease with the District, the User expressly understands and agrees that in accordance with the provisions of School Board Policies 7217 and 3217, and Administrative Procedure 7510, it is prohibited for any person (except authorized law enforcement personnel or persons preapproved by the Superintendent) to bring, carry, possess, handle, conceal, store, any firearm, weapon, or other destructive device on School District property. This shall include those persons who have licenses to carry concealed weapons. The terms for entering into a lease with the District shall include all Users; notwithstanding the provisions of F.S.790.06(13) that might otherwise apply to religious institutions with property rights on non-school sites with respect to having a license to carry a concealed weapon or firearm. User is responsible for compliance by all persons covered by this lease with F.S. #1012.465, as well as all applicable District Board Policies, including but not limited to Board Policy 3217, and Administrative Procedures.

NOTE: Automated External Defibrillator (AED) may not be available during non-school hours.

PRINT NAME	ADDRESS	CITY/STATE	ZIP	PHONE NUMBER
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User Signature	Principal or Designee	Superintendent or Designee
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Before this lease becomes effective, it must bear the designated signatures of all parties, including the Superintendent or Designee.

(To be filled out by Principal or Designee) Emergency Contact during event: Name: _____ Phone #: _____

ALL leases expire June 30th. Continuous leases MUST be renewed prior to June 1.

Please attach the following documents:

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|--|---|
| Certificate of liability Insurance | One of the following demonstrating non-profit status: |
| Tax Exemption Certificate (if applicable) | Consumer's Certificate of Exemption with Category 501(c)3 |
| Category "C1", "C2", "C3" Form (if applicable) | Active Registration under Sunbiz.org |
| Crowd Manager Certification or Waiver | |

(APPLICANTS, please do not write below this line)

ALL PAYMENTS MUST BE MADE IN ADVANCE

COPIES TO: Facilities Management Department, Accounting Department, School & User

Rental Fee Number of Uses _____ x \$ _____ per use = Total Rental Fee _____	
Sales Tax of Tax Exempt I.D. # _____ = Total Sales Tax _____	
Deposits _____ = Total Deposits _____	
Additional Charges _____ = Total Other Fees _____	
Other Special Fees _____ = Total Special Fees _____	
Check # _____ = Total _____	
	Grand Total _____