Trotwood-Madison City Schools

Application for Use of School Facilities

DISTRICT USE ONLY

___ Approved ___ Declined ___ Ins. Rec'd. ___ Invoiced ___ Paid ___ Scheduled

Signature _____ Date _____

ACTIVITY / EVENT INFORMATION

(Please check one)

☐ Meeting ☐ Practice ☐ Tournament / Meet
☐ Fundraiser ☐ Game ☐ Camp / Clinic
☐ Other _____

LOCATION REQUESTED & DESCRIPTION OF EVENT

FACILITY / ROOMS REQUESTED

☐ Auditorium ☐ LGI Room ☐ Stadium
☐ Media Ctr. ☐ Class Room ☐ Tennis Courts
☐ Staff Lounge ☐ Main Gym ☐ Baseball/Softball
☐ Commons ☐ Aux. Gym ☐ Multi Purpose Room
☐ Kitchen ☐ Natatorium ☐ Other _____

DATE(S) & TIMES FACILITY NEEDED

NOTE: *Schools may not be available during non-school days*

DAY	DATE	START TIME	END TIME
		○ am ○ pm	○ am ○ pm
		○ am ○ pm	○ am ○ pm
		○ am ○ pm	○ am ○ pm
		○ am ○ pm	○ am ○ pm
		○ am ○ pm	○ am ○ pm
		○ am ○ pm	○ am ○ pm
		○ am ○ pm	○ am ○ pm

Additional days / dates may be written on the reverse side.

OR ONGOING DATES & TIMES FACILITY NEEDED

Every _____ ○ am ○ pm to ○ am ○ pm

Dates _____ to _____

Will a fee be charged to individuals or groups to participate in or attend this activity (i.e. registration, admission, etc.)? ☐ Yes ☐ No

A one million dollar insurance liability policy must be submitted prior to rental with TMCS named as the certificate holder.

Is facility setup or equipment required? ☐ Yes ☐ No
If yes, please describe your needs - *A setup fee may be required.*

INDIVIDUAL / ORGANIZATION INFORMATION

Name of Individual or Organization ("User")

Organization Representative

Street Address

City State Zip

Phone Fax

E-Mail

ORGANIZATION / GROUP STATUS

A Federal Tax ID # is required in order to receive the non-profit rate. If your group does not have a ID #, you will be considered a private interest group.

☐ For profit ☐ Non profit Federal Tax ID # _____

OTHER CONTACTS

Include any individual not listed above that may be present during and / or organizing the event.

Name

Phone

E-mail

*User hereby agrees to all of the terms and conditions noted in the *"Trotwood-Madison Board Policy # 7510"*. The undersigned warrants that he / she is an authorized representative of the Organization with authority to execute this agreement and bind the Organization hereto.

Name *(please print)*

Signature

Date

No reservation will be finalized until the application is approved by the Director of Operations.

COMPLETE ENTIRE APPLICATION AND RETURN TO: TMCS ATTN: OPERATIONS

3594 N. SNYDER RD TROTWOOD, OH 45426
Fax 937-837-8962