

Use of Facilities Request Form

Name of Organization (individual): _____ In-House Profit Non-Profit

Description of Event/Use: _____

Building: Elementary Junior/Senior High School

Beginning Date: _____ Ending Date: _____

Starting Time: _____ Ending Time: _____

Contact Person: _____

Address: _____

Telephone: _____ Email: _____

Facility	User Fees* Non-Profit	For Profit
Auditorium w/o AC	<input type="checkbox"/> \$80	<input type="checkbox"/> \$160
Auditorium w/ AC	<input type="checkbox"/> \$175	<input type="checkbox"/> \$265
Stage Lighting	<input type="checkbox"/> \$60	<input type="checkbox"/> \$90
Cafeteria w/o Kitchen	<input type="checkbox"/> \$50	<input type="checkbox"/> \$120
Cafeteria w/ Kitchen**	<input type="checkbox"/> \$120	<input type="checkbox"/> \$200
Gymnasium (Building Open)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$120
Gymnasium (Building Closed)	<input type="checkbox"/> \$80	<input type="checkbox"/> \$160
Hallway	<input type="checkbox"/> \$15	<input type="checkbox"/> \$60
Library or Classroom (Each)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$75
Field(s) (each) (Specify field) _____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$120
Parking: <input type="checkbox"/> Elementary <input type="checkbox"/> Jr./Sr. HS	<input type="checkbox"/> \$50	<input type="checkbox"/> \$120
<input type="checkbox"/> Junior Lot	Each Lot	Each Lot

*Please note that the rates reflect charges for use of the building facilities only when school is in session. Weekend and summer use will require additional custodial charges.

**Kitchen Supervision Fees Apply.

**Please LIST any equipment needed.
(Please be specific.)**

*District Based Organizations will not be charged to use the facilities but may be charged for additional employee costs incurred by the District. **Kitchen Supervision Fees Apply.

I, _____, understand and agree that, in consideration for being granted access to and the use of the property and facilities of the Cooperstown Central School, I am assuming any and all risks with respect to such access and use, and hereby release said Cooperstown Central School District, its representatives, agents, servants, and employees from liability for any injuries sustained or damages incurred in the course of such access and use resulting from any causes whatsoever which may be sustained.

I further agree to indemnify and save Cooperstown Central School District harmless from any action or proceeding resulting from said access and use including but not limited to attorney's fees for defending any action.

Our organization also understands the rules and regulations set by the School District, and agrees to abide by them. The organization will not hold the district responsible for any loss in the event of postponement or cancellation of the activity.

Signature: _____ Date: _____

Internal Use Only

Signature of Approving Principal: _____

Athletic Director: _____

Director of Facilities: _____

Superintendent of Schools: _____

Certificate of Insurance Received Yes No Not Applicable

cc: **Business Office**
Facilities
Music Department
Food Service Manager
IT Department

Facilities Fees: _____ Custodial Fees: _____ Kitchen Supervision Fees: _____ Total Fee: _____