

Form #830 F-2  
9/19/2018

**SCHOOL DISTRICT OF CAMBRIDGE**  
**Policy 830 – Use of School Buildings, Grounds and Equipment**  
**USE OF EQUIPMENT AGREEMENT**

Name of Person Requesting Equipment: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_ Email \_\_\_\_\_

**IMPORTANT: Requests must be made at least one week in advance of requested date of use. School sponsored activities take precedence. Equipment must be picked up by requesting party between 8 am and 2pm, weekdays only. Delivery is not available. [Equip. Black-Out Dates (not avail.): May 1 – June 15 unless pre-approved by the Superintendent].**

**Type of Equipment Requested (please indicate number needed):**

\_\_\_\_\_ Folding Chairs (\$0.50 per chair\*)  
(maximum 100 chairs - \$25 max.)

\_\_\_\_\_ Tables (\$2 per table\*)  
(maximum 12 tables)

Other: \_\_\_\_\_

**Date(s) of Use:** \_\_\_\_\_

**Purpose of Use:** \_\_\_\_\_

**Fee Schedule (check one):**

- Official School Activity No Charge
  - Official School Organization (Co-Curriculars, FFA, FCCLA, etc.) No Charge
  - School Affiliated Groups (PTO) No Charge
  - School District Employee No Charge
  - Community Non-Profit Organizations (Churches, Village, etc.) No Charge
  - Community Individuals (Parties, Family Gatherings, etc.) Applicable Rate
  - Community For-Profit Group Applicable Rate
  - Out-of-District Non-Profit Groups Applicable Rate
  - Out-of-District For-Profit Groups Applicable Rate
- (Prohibited from using equipment for profit purposes)*

**The person signing this form is responsible for its safe return. Missing or damaged equipment may result in a charge for repair or replacement.**

**Return by Date:** \_\_\_\_\_ **Responsible Party's Signature:** \_\_\_\_\_

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**(FOR ADMINISTRATIVE USE ONLY)**

Name of District Employee Releasing Equipment: \_\_\_\_\_

Amount Due (checks made payable to Cambridge School District): \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

\_\_\_\_\_ Copy of this form given to person checking out equipment.

Name of District Employee Accepting Equipment: \_\_\_\_\_

Date Returned: \_\_\_\_\_ Equipment in Acceptable Condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If condition is unacceptable, what is the fee/repairs/replacement/clean-up plan? \_\_\_\_\_