

Required Information

Organization/Group: _____
 Address: _____
 Bill to: _____
 Event Name: _____
 Reservation Date(s): _____
 Requested Area(s): _____

(Person Responsible) _____ (Phone) _____
 School: _____
 (circle one) High School
 Junior High
 Southside
 Northside
 Number of People _____
 Time of Event _____ to _____
 (for doors to open)

(Check one) Class Class II Class III

Class IV

					Proposed Cost	Actual Cost
Concession Stand	@	\$	_____	=	\$ _____	\$ _____
Auditorium	@	\$	_____	=	\$ _____	\$ _____
Band/Choir room(s)	@	\$	_____	=	\$ _____	\$ _____
Classroom(s) 1/2 - Full	@	\$	_____	=	\$ _____	\$ _____
Home Ec Rooms	@	\$	_____	=	\$ _____	\$ _____
Commons Cafeteria	@	\$	_____	=	\$ _____	\$ _____
Gymnasium	@	\$	_____	=	\$ _____	\$ _____
Kitchen	@	\$	_____	=	\$ _____	\$ _____
Pool	@	\$	\$75.00/hr	=	\$ _____	\$ _____
Portable Restrooms	@	\$	\$50.00	=	\$ _____	\$ _____
Other	@	\$	_____	=	\$ _____	\$ _____
Equipment rented:						
Stadium Lights	@	\$	\$100.00	=	\$ _____	\$ _____
Projector Screen	@	\$	\$20.00	=	\$ _____	\$ _____
LCD Projector	@	\$	\$10.00	=	\$ _____	\$ _____
Podium	@	\$	\$5.00	=	\$ _____	\$ _____
TV/VCR/DVD	@	\$	\$5.00	=	\$ _____	\$ _____
Auditorium sound sys.	@	\$	\$20.00	=	\$ _____	\$ _____
Auditorium lighting	@	\$	\$20.00	=	\$ _____	\$ _____
Auditorium air cond.	@	\$	\$100.00	=	\$ _____	\$ _____
Building air cond.	@	\$	\$100.00	=	\$ _____	\$ _____

Personnel: Regular Work Hrs. x 1.0, Overtime x 1.5	@ rate	x time
Custodian	\$30/hr	_____
Kitchen	\$25/hr	_____
Sound/Lighting Booth	\$20/hr	_____
Technology Coordinator	\$30/hr	_____
Pool Manager	\$25/hr	_____
Life Guard	\$10/hr	_____
Locker Rooms/Showers	\$20/hr	_____

Personnel total \$ _____

Proof Insurance on File _____ (Date)

TOTAL DUE: \$ _____

Name of CPR/AED Certified Individual in attendance (include copy of certificate)

 Person assuming responsibility for rental

 Building Principal

 District Superintendent

 Date

 Date

 Date

**Note: Incomplete applications will be returned

Checks are payable to:
 Morrison Comm. Unit
 District #6
 643 Genesee Ave.
 Morrison, IL 61270 within
 30 days of receipt of bill