



Solon Community School District

301 South Iowa Street Solon, IA 52333

www.solon.k12.ia.us • (319) 624-3401 • fax (319) 624-2518

USE OF SCHOOL FACILITIES

Name of Organization or Group _____

Person in Charge of Supervision _____

Telephone Number _____

(work)

(home)

(cell)

Facilities to be used: (list exact facilities to be used)

Date(s) of Use: _____

Hours of Use (Including Set-up /Tear Down) : _____

Other equipment needed (tables, chairs, overhead, etc.) [Rental Fees may apply as determined by the SCSD]:

Event Participation/Entry Fee (Please list any fees charged for this event): _____

Is kitchen facility needed? Yes No If kitchen facilities are used, a food service employee must be on duty.

• Fee for Food Service employee \$ _____ x _____ hours = \$ _____

• Fee for Hours of Use \$ _____ x _____ hours = \$ _____

• Facility/Custodial Fee \$ _____ x _____ hours = \$ _____

TOTAL FACILITY USE FEE \$ _____

50% FEE DUE PRIOR TO RESERVATION ON CALENDAR \$ _____

The above listed organization agrees to abide by the rules as listed in Board Policy 508.8, SCSD Board of Education Policies, and to be responsible and liable for any damages, or other such unusual expenses arising from use of school facilities. All fees are due on the first school day after to the event. Additional fees will be charged for facility use beyond the above designated times. It is further understood that if a conflict arises, school activities will take priority over this request.

Requested by _____ Date _____
(Signature)

Request is: Approved Denied

School Official's Signature

Additional Comments: _____

Office Use Only

Please route to: Mike Kasparek; Building Principal; Middle School Office

Add to District Facilities Calendar when approved.