

Pleasant Hill School District 1

Code: **KG-AR**
 Adopted: 1/10/00
 Readopted: 9/12/11

Community Use of District Facilities

FACILITY USE REQUEST FORM

Organization Name: _____ Non-Profit? Yes No

Contact Person: _____ Is the event open to the public? Yes No

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Indicate day(s) of the week: Mon Tues Wed Thu Fri Sat Sun

Time: _____ AM PM to _____ AM PM Start Date: _____ End Date: _____

Facility Requested: Trent Elementary High School

Specify Area: Classroom # _____ GP/MP Room _____ Gym _____
 Playing Field _____ Parking Lot _____ Other _____

- Class I School district sponsored activities for students, parents and related organizations.
- Class II Civic and service use - Non-profit community service groups; individuals using facilities for personal use.
- Class III Profit groups or individuals; fund-raising groups; non-school groups receiving donations.

Area	Class I	Class II	Class III
<input type="checkbox"/> Classroom	None	\$5/hour	\$15/hour
<input type="checkbox"/> GP/Large Instruction	None	\$8/hour	\$24/hour
<input type="checkbox"/> Gym	None	\$10/hour	\$30/hour
<input type="checkbox"/> Field	None	None	\$14/hour
<input type="checkbox"/> Parking Lot	None	None	\$10/hour

- Custodial Services needed? Yes No
- Activity takes place within custodial hours? Yes No
- Heat/Air conditioning needed? Yes No
- Tables/Chairs needed? Yes No

PLEASE NOTE:

- A refundable security/cleaning deposit will be collected in advance of activity.
- An insurance binder is required for Class II and Class III users.
- Custodial costs (time and one half plus benefits) are \$32.75 per hour for 2011
- Utilities cost are \$20 per hour for 2011 for weekends and outside normal school hours.
- District security is provided by Sonitrol Security Systems. Failure to key into and out of district facilities may result in additional security charges. Security services are \$45 per hour for 2011. Please be sure you know how to properly use the system.

IT IS MY UNDERSTANDING, AS CONTACT PERSON FOR ORGANIZATION, THAT:

1. Only the facilities requested will be used.
2. Times and dates as specified shall be adhered to and notification to the school office is necessary if there is to be any change.
3. Every effort will be made to maintain cleanliness and care of the facility.
4. Any damage of items in need of attention/repair will be reported to the custodian or principal upon leaving or by the next business day.
5. It will be necessary to relinquish use of the facility if a school function is scheduled on the same date.
6. Cooperation is expected in order to make facilities available to all groups.
7. Key will be returned, if issued, as per instruction a time of issue.
8. Rules as posted or otherwise provided must be followed.
9. Failure to abide by the terms of this agreement may result in the denial of further use.
10. The school is under the Sonitrol electronic surveillance system. Please key in and out properly if you are the first in or last out of the buildings. Failure to do so may result in an additional charge.
11. An insurance binder will be provided for Class II and Class III users.

Signature of Contact Person

School Official's Signature

Insurance Binder Guidelines

Any Class II or Class III user must obtain and maintain a General Liability Insurance Policy naming Pleasant Hill School District No. 1 as the additionally insured with the following limits:

\$2,000,000 General Aggregate, \$1,000,000 Each Occurrence
 \$1,000,000 Personal and Advertising Injury, \$1,000,000 Damage to Rented Premises
 \$10,000 Medical Expense, Waiver of subrogate on Worker's Compensation coverage

Certificate of insurance needs to be provided to the district prior to using the facilities.

Playing Field and Gym Priorities:

1. Pleasant Hill School teams - games and practice sessions.
2. Pleasant Hill Summer teams - games and practice sessions.
3. KIDSPORTS, Babe Ruth, ASA, AYSO, other youth teams - games and practice sessions.
4. Community groups.

Estimate of Fees (FOR OFFICE USE)

Facility charge \$ _____ Per hour x _____ hours = \$ _____

Custodial costs \$32.75 per hour x _____ hours = \$ _____

Heating/AC \$20 per hour x _____ hours = \$ _____

Total Estimate for use \$ _____ Security/Cleaning Deposit \$ _____

Pre-payment of \$ _____ received ____ / ____ / ____ by Cash Check No. _____

Additional custodial charges incurred \$ _____

Security service charges incurred \$ _____

Security/Cleaning deposit (refunded) or additional payment due \$ _____ Paid ____ / ____ / _____

Insurance Binder Received: Yes No N/A Date: _____

Key # Issued _____ Returned: Yes No Date: _____