

**Northern Wells Community Schools
Application for Use of School Facility**

Event Description: _____

Organization Name: _____

Contact Name (first and last): _____

Email: _____

Phone: _____

Billing Address: _____

Check the box for the Group Category for this Application:

- Group I:** School-Supported Auxiliary Groups such as PTO, Boosters, Alumni Groups, etc.
- Group II:** Community-Supported Athletic Leagues or Other ECA-Related Organizations that Supports NWCS Programs. Participants must be verified by building principals. If there is less than 70% NWCS student participation, the organization/activity will fall into Group IV description.
- Group III:** School-Approved Community Groups such as Scouts, etc.
- Group IV:** Community Citizens, Local Businesses, Community Youth Activities, Travel Sports Team (must include at least one NWCS student)
- Group V:** Local Tax-Supported Government Agencies such as Police, Fireman, Town and Township Organizations.
- Group VI:** Local Civic, Service, Cultural, Political Parties, Non-Profit Organizations Such as Kiwanis, Optimists, Lions, Jaycees, Churches, and other Local Community Groups.

Check the box of the Requested NWCS Facility Location:

- NHS
- NMS
- LES
- OES
- Central Office

Check the box of the Requested Facility (check all that apply):

- Auditorium
- Baseball Field
- Classroom
- Football Field/Track with Press Box
- Football Field/Track (only)
- Gymnasium
- Softball Field
- Tennis Courts
- Wrestling Room
- Swimming Pool
- Cafeteria with Kitchen
- Cafeteria (no kitchen)
- Sound System Equipment
- Technology Equipment

Additional Event Needs: _____

Facility/Equipment Rental Fees

Facility	Group I	Group II	Group III	Group IV	Group V	Group VI
Football/Track Stadium with Press Box	NC	NC	NC	\$175/Hr.	\$175/Hr.	\$175/Hr.
Football/Track Stadium	NC	NC	NC	\$100/Hr.	\$100/Hr.	\$100/Hr.
Athletic Fields	NC	NC	NC	\$75/Hr.	\$75/Hr.	\$75/Hr.
Wrestling Room	NC	NC	NC	\$65/Hr.	\$65/Hr.	\$65/Hr.
Swimming Pool (Includes lifeguard charge)	NC	NC	NC	\$65/Hr.	\$65/Hr.	\$65/Hr.
Cafeteria plus Kitchen (Includes kitchen staff charge)	NC	NC	NC	\$50/Hr.	\$50/Hr.	\$50/Hr.
NHS Auditorium	NC	NC	NC	\$50/Hr.	\$50/Hr.	\$50/Hr.
Sound System Equipment	NC	NC	NC	\$35/Hr.	\$35/Hr.	\$35/Hr.
Technology Equipment	NC	NC	NC	\$35/Hr.	\$35/Hr.	\$35/Hr.
Tennis Courts	NC	NC	NC	\$25/Hr.	\$25/Hr.	\$25/Hr.
Gyms (per gym)	NC	NC	NC	\$25/Hr.	\$25/Hr.	\$25/Hr.
Cafeteria (no kitchen)	NC	NC	NC	\$15/Hr.	\$15/Hr.	\$15/Hr.
Classrooms (per room)	NC	NC	NC	\$15/Hr.	\$15/Hr.	\$15/Hr.

Facility Rental Fees (per chart above): _____

Event Date(s): _____ Circle: M T W Th F S Su

Set up begin time: _____ A.M. / P.M. Event time: _____ A.M. / P.M.

End Event time: _____ A.M./P.M. Completed Clean Up Time: _____ A.M / P.M

Custodial Fees: Groups I-VI will be charged an additional \$35/hr. fee for rentals that occur outside of the building's regular work schedule for custodial staff.

Custodial Charge (35/hr. if applicable): _____

Total Facility Usage Fees Charged: _____

Insurance Information: *(Use will NOT be authorized unless valid insurance certificate is attached.)*

I understand the rules and regulations governing the use of school facilities. Proof of comprehensive liability insurance in amounts not less than \$1,000,000/individual and \$1,000,000/aggregate claim may be required if applicant is not a school sponsored group.

Company: _____

Company Policy Number: _____

Expiration Date: _____

Signature of Applicant: _____ **Date:** _____

Building Office Only

- Facility Rental Approved
- Facility Rental Denied

Building Administrator's Signature: _____