

Prairie Heights Community Schools Facility Use Contract

0305 S 1150 E ♦ LaGrange, IN ♦ 46761
Phone: 260-351-3214 ♦ Fax: 260-351-3614

Please make sure you fill out both sides of this form.

Organization _____

This organization is: (Check one) Staff _____ Non-Profit _____ Public _____

Contact Person _____

Person held Responsible (Must be at least 21) _____

Facilities Requested _____

Date of Request _____ Date of Event _____

Setup Time From _____ Until _____

Event Time From _____ Until _____

Cleanup time From _____ Until _____

Outside door number(s) _____ should be unlocked from _____ until _____

Will a custodian be needed on site during this event? Yes _____ No _____

What time will you need the custodian? From _____ Until _____

What specific needs do you have from the custodial staff during your event? _____

**** NOTE**** If event occurs during hours that a custodian is not normally present, your organization will be assessed a fee to cover the cost of custodial wages.

Custodial Fees _____ Additional Fees _____ Total Fees _____

Deposit Paid _____ Balance Remaining _____

Request for use of facilities should be made as much in advance as possible, with a minimum of seven days prior to requested date. This request will be reviewed for availability and confirmed as quickly as possible. The undersigned responsible individual must be present or make arrangements in advance with custodial staff regarding the setup of the facility. The organization named above will be held liable for damages to school building, facilities, and/or equipment beyond normal wear and tear. **NO SMOKING, TOBACCO, OR ALCOHOL IS PERMITTED IN SCHOOL FACILITIES OR ON SCHOOL GROUNDS.**

For Non-Profit or Public Organizations Only:

It is required by the Board of School Trustees of the Prairie Heights Community School Corporation that the organization named above purchase liability insurance to cover any liability that may arise from its use of the facility. The insurance should include, but not limited to, liability coverage for bodily injury and property damage for the protection of itself and the school corporation for the period of use herein established. The organization named above hereby relieves the Prairie Heights Community School Corporation and all of its employees of all responsibility in regard to liability for bodily injury, property damage and projects liability during the period of use herein established.

Signature of Person Responsible

Telephone Number

Date Signed

Office Use Only

Facility Principal Signature

Staff Principal Signature

Superintendent Signature

Original: Scheduler

Copies: Facility Principal

Requesting Party

Custodial Staff

Superintendent

Facility Overseer

Classroom needs

_____ Number of classrooms you will need

If you need specific classrooms, please indicate which ones: _____

Please inform us of what you will need.

Desks/seats _____

Chairs _____

Tables _____

Projector _____

Projector Screen _____

Podium _____

Trash Cans _____

Do you have any other requests? _____
