

Central Consolidated Schools
Facility Use Application
(effective 8/1/2014)

Application Date:	Applicant Name:
Commercial Group? Y N To be eligible for non-profit rates, please supply copy of EIN (SSN) or 501-3c certificate.	Organization Name: Mailing Address: Phone: Cell: e-mail address:
Date Requested:	Facility Requested:
Set-up date/time:	Event end date/time:
Event date/start time:	Event clean-up date/time?
Expected # participants:	
Admission charge? Y N	Amount per person?
Food service? Y N Please supply copy of food handling permit.	Note: No food preparation is allowed on district premises unless permission has been granted for use of kitchen under district supervision/guidance.
To be opened by: _____ Volunteer: Y N	To be closed by: _____ Volunteer: Y N

Purpose for event: _____

Applicant Signature	Date	Facility Use Manager	Date
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Building Administrator Signature	Date	Director of Finance Signature	Date
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Number of hours _____ X \$ _____/hour	\$ _____
Open/Close Fees (can only be waived by Superintendent) \$30.00 per open/\$30.00 per close	\$ _____ 60.00 _____
Security Deposit (for cleaning, damage or excess time after after 12:00 a.m.)	\$ _____ 150.00 _____
TOTAL DUE	\$ _____
Amount Paid	\$ _____
Balance	\$ _____