

SCHOOL DISTRICT OF THE TOMORROW RIVER

357 North Main Street

Amherst, WI 54406

Phone: 715/824-5521 x 1 Fax: 715/824-7177

APPLICATION FOR USE OF SCHOOL FACILITIES AND GROUNDS

- All information must be furnished before the application can be processed.
- The individual applying for use and individual in charge of event must be at least 21 years of age.
- Application must be submitted to the District Office not less than 15 working days before intended use.
- If application is approved, and contract issued, a Certificate of liability insurance and payment (if applicable) will be due 5 working days prior to the event.

1. Activity Title and Description: _____

2. Requested Days, Dates and Times (include set up and clean up time): _____

3. Will a fee be collected for this event? Yes* No
If YES, what type of fee (i.e. admission, participation, etc.) and what is the fee used for? _____

4. Is this event a fundraiser? Yes No

5. Will donations be accepted at this event? Yes No

6. Number of people projected to attend: _____
Should it be determined that the event, due to length, attendance numbers or other significant factors warrants additional staffing to provide safety and security of the building and attendees, the lessee will be charged accordingly. The determination will be at the discretion of the Superintendent, principal, A.D. and/or Director of Buildings and Grounds.

7. Organization Name: _____

Address: _____

Name of Contact Person: _____

Home Phone: _____ Office: _____ Cell: _____

Email: _____

8. Name of Contact Person **attending and supervising** event: _____

9. Home Phone: _____ Office: _____ Cell: _____

10. Number of chaperones attending: _____ (one required for every 25 children)

11. Is listed organization Non-Profit? Yes* No

*If YES, attach IRS Non-Profit Determination Letter.

12. Is organization's Certificate of Insurance on file with the District Office? Yes No**

** If NO, please begin process of obtaining Certificate listing "School District of the Tomorrow River" as "Additional Insured".

13. Specific areas requested:

- | | |
|---|--|
| <input type="checkbox"/> Concession Stand-Indoor | <input type="checkbox"/> Concession Stand-Outdoor |
| <input type="checkbox"/> High School Gym | <input type="checkbox"/> Athletic Building/Restrooms |
| <input type="checkbox"/> Middle School Gym | <input type="checkbox"/> Track |
| <input type="checkbox"/> Elementary Gym | <input type="checkbox"/> Football Field |
| <input type="checkbox"/> High School IMC | <input type="checkbox"/> Practice Field |
| <input type="checkbox"/> Elementary IMC | <input type="checkbox"/> Baseball Diamond |
| <input type="checkbox"/> Lecture Room | <input type="checkbox"/> Softball Diamond |
| <input type="checkbox"/> Classroom # _____ | <input type="checkbox"/> Weight Room (authorized use only) |
| <input type="checkbox"/> Cafeteria (Old) | <input type="checkbox"/> Computer Lab: _____ |
| <input type="checkbox"/> Kitchen (staff required) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> New Cafeteria (STAGE FOR PRESENTATIONS ONLY) | |

14. Other requirements, equipment, set up requests, lights, etc.: _____

The undersigned agrees that he/she is familiar with, and will abide by, the terms and conditions for facilities use set forth by the School District of the Tomorrow River. The undersigned also agrees that he/she is authorized to sign below on behalf of any organization listed, and that such organization will be liable for any and all claims, expenses and damages resulting from the users' failure to comply with this agreement or any federal, state or local law, regulations or other requirement. The undersigned will be personally liable for such obligations in the event that there is no organization listed, any such organization is not a valid legal entity, or any such organization is otherwise unable to pay. The undersigned shall ensure on-time payment of all expenses incurred by this event.

NOTE: When school is closed for inclement weather or other cause, all facility use is cancelled. Users are responsible for notifying their participants.

Signature: _____ Date: _____

OFFICE USE ONLY	
Signature of AD, if applicable: _____	Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
AD Recommendations (fee structure, supervision, etc.): _____	
Signature of Superintendent: _____	Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Recommendations (fee structure, supervision, etc.): _____	
Signature of Director of Buildings & Grounds: _____	
Recommendations for supervision and building access: _____	
Maintenance Fees: _____ hours @ \$30/hour = \$ _____	
Issue Fob and/or Keys? <input type="checkbox"/> Yes Please specify: _____ <input type="checkbox"/> No	
Signature of Food Service Director, if applicable: _____	
Person/s Assigned: _____	
Food Service Fees: _____ hours @ 1.5 times hourly wage = \$ _____	
Notes: _____	