



**FALL RIVER SCHOOL DISTRICT
FACILITY USE APPLICATION**

Sponsoring Organization		Tax-Exempt #	
Contact Person	Phone (H)	(W)	
Address			
E-mail address		Date of Request	
Fee Charged to Participants?			
Yes	No	Amount Charged	
District Employee Responsible		If "None", custodial charge (\$14.12/hour)	

Please check all that apply							
MPR	Kitchen	Weight Room	Computer Lab	MS/HS Gym			
Elementary Gym	Pool	LMC	Other (Fill in)				

Date(s) Requested (Example: Every Tuesday & Thurs from Oct thru Dec) & Number of people expected

Time Needed for Room(s) – Including set-up and tear down:			
From (a.m./p.m.)		To (a.m./p.m.)	
Actual Time of Event:			
From (a.m./p.m.)		To (a.m./p.m.)	
Purpose			
Supplies/Equipment Needed (if applicable):			

ALL ROOMS MUST BE LEFT IN A CLEAN AND ORDERLY MANNER. KEYS/FOB MUST BE RETURNED WITHIN TWO (2) BUSINESS DAYS.

PLEASE ROUTE TO						
Building Principal	Approved	Conflict	Denied	Date		
Recreation Director	Approved	Conflict	Denied	Date		
Bldg & Grounds Supervisor	Approved	Conflict	Denied	Date		
Food Service Supervisor	Approved	Conflict	Denied	Date		
Superintendent	Approved	Conflict	Denied	Date		

Note: There is an automated external defibrillator (AED) outside the Main Gym. This is for emergency use only and 911 must be called if activated.

- Please contact the Business Office and/or District Administrator with any questions regarding Facility Use (920) 484-3333 x 222 or x 227

Be advised that all groups are subject to Board Policy regarding facility use and rules established by building administration when reserving and using District facilities. Such rules include, but are not limited to the following:

RULES AND PROCEDURES

1. Requests should be made at least 2 weeks in advance of requested date.
2. Return applications to the District Office.
3. Attach a \$50.00 refundable security deposit. The deposit refund will be returned if there are no charges or damage to the area.
4. Attach a copy of the group/individual's liability insurance to the application.
5. The person who has been designated on the application as the supervising person must be present during the activity or event.
6. Religious services will not take place in the school.
7. Intoxicating beverages and illegal drugs or use of tobacco products are not allowed on any school premises.
8. Cancellation policy: Cancellations must be made 48 hours in advance of the scheduled event. If the cancellation is not within 48 hours of the event, the \$50.00 refund will not be returned.
9. Those using the facility may only use the areas requested. Other parts of the building are off limits. The right to use school facilities may be revoked, if group members are in unauthorized areas.
10. The Fall River School District does not discriminate against individuals on the basis of religion, race, national origin, sex, age or handicap.
11. The Fall River School District is not liable or responsible for accidents or injuries.
12. The facility is subject to availability and the discretion of the administration.
13. The facility must be left in the condition it was at the beginning of the event. This may involve picking up trash, moving chairs, etc. User groups shall be held financially responsible for any clean-up or damage to school facilities and property.
14. The sponsoring organization or individual is responsible for supervising/managing/controlling event participants and spectators.
15. Failure to properly care for facilities will result in denial of future use.

FEES (Times charged for fees include total time in District facilities – set-up and tear down)

_____ Multi-purpose room (\$75.00 for 2 hours)	_____ Athletic Field (\$50 per day)
_____ Pool (\$100.00 for 2 hours - 1 lifeguard/1 supervisor)*	_____ Weight room (\$50.00 for 2 hours)
• Pool capacity is 50. 20+ people would require an additional lifeguard at a fee of \$25.00*	_____ Cafeteria (30.00 for 2 hours)
_____ Gymnasium (\$50.00 for 2 hours)	_____ Kitchen (\$50.00 for 2 hours)
• High school or Elementary or Balcony (circle one)	_____ Classroom (\$30.00 for 2 hours)
	_____ LMC (\$30.00 for 2 hours)

OFFICE USE ONLY

- Event entered on rSchool Calendar
 - \$50.00 Deposit Received Date: _____ Check #: _____
 - District office notified organization if request is approved or denied, along with estimate of the building charges.
 - Final Bill sent on (date) * Attach copy to original request _____
 - Deposit return on (date) _____
 - Final Bill amount received on (date) _____ Check #: _____
- Total Building Use Charge: _____ Custodial Charge: _____